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精神药物临床研究常用量表

Psychiatric Rating Scales for Drug Clinical Trials

（第2版）

主编 李华芳



上海科技教育出版社

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内 容 提 要

本书汇集了当前在中国开展精神药物临床研究时常用的67个量表，分为症状评估量表(39个)、功能评估量表(9个)、总体评估量表(4个)、不良反应评估量表(9个)、服药主观感受评估量表(3个)、疾病相关问题评估量表(2个)和诊断评估工具(1个)七个章节。这些量表涵盖了对绝大多数精神疾病的临床评估，适用于常见精神疾病的药物临床研究。

本书重点介绍各个量表的评定细则，以便于读者更好地理解量表的适用范围、条目含义和评定注意事项。其中多数量表为中英文对照，方便读者更好地理解量表原意。该书是开展精神药物临床研究的必备工具，既适合作为精神药物临床评价研究的培训教材，又可作为精神医学科研工作的重要参考资料。

序

《精神药物临床研究常用量表》第一版(2011年)出版后,业内普遍反映较好,认为它是一本具有实用性的工具书,不但给临床研究正确使用量表提供直接指导,而且也给临床医生提供了重要参考。

30多年前,我从国外访学归来后,开始在上海市精神卫生中心尝试临床研究,在国际上率先开展氯氮平的药代动力学研究。迄今,已完成国内外临床试验150余项。因为始终秉承"安全第一,质量为先"的信念,故我们团队的研究质量获得了各界广泛好评。

2008~2015年,李华芳教授领衔的课题组承接了国家十一五和十二五"重大新药创制"科技重大专项——精神药物新药临床评价研究技术平台。该项目旨在提高国内精神药物临床研究总体水平,为新药研发提供符合国际标准的技术平台。

课题组为了满足药物临床研究的更高要求,对第一版的内容作了增删,增加了20个量表。编撰的第二版共有67个量表,绝大多数为中英文对照, 这样有助于研究人员更好地理解量表原意。评定说明的内容也作了合理调整,力求简明扼要,化繁为简。针对评定难度颇高的阳性和阴性症状量表(PANSS),增补了定式化临床检查(SCI-PANSS)及知情者调查问卷(IQ-PANSS),使量表信息采集更加可靠,便于准确评分。

我认为《精神药物临床研究常用量表》第二版更注重专业性、实用性和可操作性,所涉范围较广,指导性较强,是一本非常实用的参考书,向大家推荐。

2014年2月28日

前　言

近 20 年来，随着新型精神药物的研发和应用，精神疾病的药物治疗领域有了更多元的选择，使广大患者受益匪浅。

在药物研发的整个过程中，药物临床试验是最重要的环节，而确保高质量地评价药物有效性和安全性又是临床试验的关键。

众所周知，精神疾病的临床诊断和疗效评判往往带有一定的主观性，所以临床试验中应用量表来评价疗效和安全性也不可避免地带有主观色彩。要想尽可能地克服这种主观偏倚，规范使用量表是一种切实可行的手段，也只有这样才能使量表成为一大类真正客观的评价工具，最终保障临床试验数据的真实和可靠。

面对国内缺少一本针对性量表书籍的问题，3 年前，我们出版了《精神药物临床研究常用量表》，汇编了国内外精神药物临床试验中常用量表 48 个。出版后得到了很多读者的积极反馈，要求增加一些未被纳入的量表工具，也发现了一些小的疏漏。因此在第一版的基础上，推出"升级"的第二版：新增 20 个量表，包括戒毒专业的量表，删减了个别量表；对量表的分类作了部分调整，使之更趋于合理；对第一版部分文字进行了细致修正，以便更好地表达量表原意；对"评定说明"部分的格式作了统一修改。

本书特点：①尽可能提供英文原文，便于读者对中文量表（翻译）有疑问时可参照原文获得解答；②着重介绍量表的评价细则和注意事项；③对较难掌握的量表作了补充说明，如为阳性和阴性症状量表（PANSS）配备了定式化临床检查（SCI-PANSS）及知情者调查问卷（IQ-PANSS），有助于正确使用该量表。

本书出版旨在促进量表教学、培训和科学研究。不仅适用于研究者的培训和操作，而且也可作为精神医学工作者的学术参考。

精神科量表数量庞大，内容繁多，囿于时间和人力的制约，编纂工作中疏漏之处，恳请读者指正和帮助，不啻感激。

在此还要感谢上海市精神卫生中心赵敏教授和江海峰博士为我们提供了戒毒专业的量表。

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编者

2014 年 2 月 28 日

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一、阳性和阴性症状量表(PANSS)

阳性和阴性症状量表(Positive and Negative Syndrome Scale,PANSS)

Fill in the appropriate circle for each item, refer to the Rating Manual for item definitions, description of anchoring points and scoring procedure. 根据评估手册中每一项条目的定义、评分要点和信息来源,对下列每一项进行恰当的评定。

Positive Scale(P) 阳性量表

P1. Delusions. 妄想

Beliefs which are unfounded, unrealistic, and idiosyncratic. 无事实根据、与现实不符、特异的信念。

Basis for rating: thought content expressed in the interview and its influence on social relations and behavior as reported by primary care workers or family. 评分依据:会谈中思维的自然表达,及由基层保健工作者或家属提供的其思维对社会交往和行为造成的影响。

	Rating 分级	Criteria标准
1	Absent 无	Definition does not apply. 定义不适用于该患者。
2	Minimal 很轻	Questionable pathology; may be at the upper extreme of normal limits. 症状可疑,可能是正常范围的上限。
3	Mild 轻度	Presence of one or two delusions, which are vague, uncrystallized, and not tenaciously held. Delusions do not interfere with thinking, social relations, or behavior. 存在一个或两个模糊的、不具体的、并非顽固坚持的妄想,妄想不妨碍思考、社交关系或行为。
4	Moderate 中度	Presence of either a kaleidoscopic array of poorly formed, unstable delusions or a few well-formed delusions that occasionally interfere with thinking, social relations, or behavior. 存在一个多变的、未完全成形的、不稳定的妄想组合,或几个完全成形的妄想,偶尔妨碍思考、社交关系或行为。

（续表）

	Rating 分级	Criteria标准
5	Moderate Severe 偏重	Presence of numerous well-formed delusions that are tenaciously held and occasionally interfere with thinking, social relations, or behavior. 存在许多完全成形的且顽固坚持的妄想，偶尔妨碍思考、社交关系或行为。
6	Severe 重度	Presence of a stable set of delusions which are crystallized, possibly systematized, tenaciously held, and clearly interfere with thinking, social relations, and behavior. 存在一整套稳定的、具体的妄想，可能系统化，顽固坚持，且明显妨碍思考、社交关系和行为。
7	Extreme 极重度	Presence of a stable set of delusions which are either highly systematized or very numerous, and which dominate major facets of the patient's life. This frequently results in inappropriate and irresponsible action, which may even jeopardize the safety of the patient or others. 存在一整套高度系统化或数量众多的稳定的妄想，并支配患者生活的主要方面，以致常引起不恰当的和不负责任的行为，甚至可能因此危及患者或他人的安全。

◆ P1评定妄想性思维的存在、严重性和干扰程度，不评定妄想性思维可能伴有的异常行为或偏执狂。

P2. Conceptual disorganization. 概念紊乱

Disorganized process of thinking characterized by disruption of goal-directed sequencing, e.g., circumstantiality, tangentiality, loose associations, non-sequiturs, gross illogicality, or thought block. 思维过程紊乱，其特征为思维的目的性、连贯性破坏，如赘述、离题、联想散漫、不连贯、显著的不合逻辑，或思维阻隔。

Basis for rating: cognitive-verbal processes observed during the course of interview. 评分依据：会谈中观察认知言语表达过程。

	Rating 分级	Criteria标准
1	Absent 无	Definition does not apply. 定义不适用于该患者。
2	Minimal 很轻	Questionable pathology; may be at the upper extreme of normal limits. 症状可疑，可能是正常范围的上限。
3	Mild 轻度	Thinking is circumstantial, tangential, or paralogical. There is some difficulty in directing thoughts toward a goal, and some loosening of associations may be evidenced under pressure. 思维显赘述，离题或逻辑障碍，思维的目的性有些障碍，在压力下显得有些联想散漫。
4	Moderate 中度	Able to focus thoughts when communications are brief and structured, but becomes loose or irrelevant when dealing with more complex communications or when under minimal pressure. 当交谈短暂和有序时尚可集中思维，当交谈较复杂或有轻微压力时就变得散漫或离题。
5	Moderate Severe 偏重	Generally has difficulty in organizing thoughts, as evidenced by frequent irrelevancies, disconnectedness, or loosening of associations even when not under pressure. 普遍存在构思困难，在无压力时也经常显得离题、不连贯或联想散漫。

（续表）

	Rating 分级	Criteria标准
6	Severe 重度	Thinking is seriously derailed and internally inconsistent, resulting in gross irrelevancies and disruption of thought processes, which occur almost constantly. 思维严重出轨及自相矛盾，导致明显的离题和思维中断，几乎是持续出现。
7	Extreme 极重度	Thoughts are disrupted to the point where the patient is incoherent. There is marked loosening of associations, which results in total failure of communication, e.g., "word salad" or mutism. 思维中断到支离破碎的程度，明显的联想散漫，导致完全无法交谈，如"语词杂拌"或缄默。

◆ 妄想性思维可能还组织得很好，问你自己："这一思维内容合乎情理吗？"

◆ "压力"指在追问下或对问题加以澄清时。

P3. Hallucinatory behavior. 幻觉性行为

Verbal report or behavior indicating perceptions which are not generated by external stimuli. These may occur in the auditory, visual, olfactory, or somatic realms. 语言表达或行为表明存在非外部刺激引起的知觉，这些知觉可以听觉、视觉、嗅觉或躯体感觉的形式出现。

Basis for rating: verbal report and physical manifestations during the course of interview as well as reports of behavior by primary care workers or family. 评分依据：会谈中语言表达和躯体表现，也可由基层保健工作者或家属提供。

	Rating 分级	Criteria标准
1	Absent 无	Definition does not apply. 定义不适用于该患者。
2	Minimal 很轻	Questionable pathology; may be at the upper extreme of normal limits. 症状可疑，可能是正常范围的上限。
3	Mild 轻度	One or two clearly formed but infrequent hallucinations, or else a number of vague abnormal perceptions, which do not result in distortions of thinking or behavior. 一种或两种清晰但不经常出现的幻觉，或若干模糊异常的知觉，尚未引起思维或行为的失常。
4	Moderate 中度	Hallucinations occur frequently but not continuously, and the patient's thinking and behavior are affected only to a minor extent. 幻觉频繁但并不持续出现，患者的思维和行为仅受到轻微影响。
5	Moderate Severe 偏重	Hallucinations are frequent, may involve more than one sensory modality, and tend to distort thinking and/or disrupt behavior. Patient may have delusional interpretation of these experiences and respond to them emotionally and, on occasion, verbally as well. 幻觉频繁出现，可能涉及一种以上感觉系统，导致思维失常和（或）妨碍行为，患者可能对这些体验给予妄想性的解释，并出现情绪反应，偶尔出现语言反应。

（续表）

	Rating 分级	Criteria标准
6	Severe 重度	Hallucinations are present almost continuously, causing major disruption of thinking and behavior. Patient treats these as real perceptions, and functioning is impeded by frequent emotional and verbal responses to them. 幻觉几乎持续存在，以致严重损害思维和行为，患者对这些幻觉信以为真，频繁的情绪和语言反应导致功能障碍。
7	Extreme 极重度	Patient is almost totally preoccupied with hallucinations, which virtually dominate thinking and behavior. Hallucinations are provided a rigid delusional interpretation and provoke verbal and behavioral responses, including obedience to command hallucinations. 患者对幻觉几乎全神贯注，幻觉实质上支配患者的思维和行为，幻觉被赋予固定的妄想性解释，并引起言语和行为上的反应，包括对命令性幻听的服从。

◆ 评定依据为幻觉的存在和频度及对患者行为的影响（干扰）。

P4. Excitement. 兴奋

Hyperactivity as reflected in accelerated motor behavior, heightened responsivity to stimuli, hypervigilance, or excessive mood lability. 活动过度，表现在动作行为加速，对刺激的反应增强，高度警觉或过度的情绪不稳。

Basis for rating: behavioral manifestations during the course of interview as well as reports of behavior by primary care workers or family. 评分依据：会谈中动作行为的表现，也可由基层保健工作者或家属提供。

	Rating 分级	Criteria标准
1	Absent 无	Definition does not apply. 定义不适用于该患者。
2	Minimal 很轻	Questionable pathology; may be at the upper extreme of normal limits. 症状可疑，可能是正常范围的上限。
3	Mild 轻度	Tends to be slightly agitated, hypervigilant, or mildly overaroused throughout the interview, but without distinct episodes of excitement or marked mood lability. Speech may be slightly pressured. 会谈中轻度的激越、警觉增高，或轻度的激动，但没有明显兴奋或情绪不稳的发作，讲话有轻微的紧迫感。
4	Moderate 中度	Agitation or overarousal is clearly evident throughout the interview, affecting speech and general mobility, or episodic outbursts occur sporadically. 会谈中出现明显的激越或激动，影响语言和一般动作或偶有短暂的爆发。
5	Moderate Severe 偏重	Significant hyperactivity or frequent outbursts of motor activity are observed, making it difficult for the patient to sit still for longer than several minutes at any given time. 观察到明显的活动过度或频繁的动作行为爆发，造成患者在任何时候都难以保持坐姿超过数分钟。

（续表）

	Rating 分级	Criteria标准
6	Severe 重度	Marked excitement dominates the interview, delimits attention, and to some extent affects personal functions such as eating and sleeping. 会谈中明显兴奋，注意力受限，在某种程度上影响个人功能，诸如饮食和睡眠。
7	Extreme 极重度	Marked excitement seriously interferes in eating and sleeping and makes interpersonal interactions virtually impossible. Acceleration of speech and motor activity may result in incoherence and exhaustion. 明显的兴奋严重妨碍饮食和睡眠，并使得人际交往实际上变得不可能。言语和动作行为的加速可能导致语无伦次和精疲力竭。

◆ 指行为方面的表现：活动增多、易激惹，不包括言语和思维的兴奋。

P5. Grandiosity. 夸大

Exaggerated self-opinion and unrealistic convictions of superiority, including delusions of extraordinary abilities, wealth, knowledge, fame, power, and moral righteousness. 夸张己见及不现实的优势观念，包括一些妄想，如非凡的能力、财富、知识、名望、权力和道德正义。

Basis for rating: thought content expressed in the interview and its influence on behavior as reported by primary care workers or family. 评分依据：会谈中思维的自然表达，及由基层保健工作者或家属提供的这些想法对其行为的影响。

	Rating 分级	Criteria标准
1	Absent 无	Definition does not apply. 定义不适用于该患者。
2	Minimal 很轻	Questionable pathology; may be at the upper extreme of normal limits. 症状可疑，可能是正常范围的上限。
3	Mild 轻度	Some expansiveness or boastfulness is evident, but without clear-cut grandiose delusions. 显出有些自大或自夸，但没有明确的夸大妄想。
4	Moderate 中度	Feels distinctly and unrealistically superior to others. Some poorly formed delusions about special status or abilities may be present but are not acted upon. 明确地和不切实际地感到自己比他人优越，有一些尚未成形的关于特殊地位或能力的妄想，但并未照此行动。
5	Moderate Severe 偏重	Clear-cut delusions concerning remarkable abilities, status, or power are expressed and influence attitude but not behavior. 表达出有明确的关于非凡能力、地位或权力的妄想，影响患者的态度，但不影响行为。
6	Severe 重度	Clear-cut delusions of remarkable superiority involving more than one parameter （wealth, knowledge, fame, etc.） are expressed, notably influence interactions, and may be acted upon. 表达出有明确的显著优势妄想，涉及到一个以上的项目（财富、知识、名望等），显著影响人际交往，并可能付诸行动。

（续表）

	Rating 分级	Criteria标准
7	Extreme 极重度	Thinking, interactions, and behavior are dominated by multiple delusions of amazing ability, wealth, knowledge, fame, power, and/or moral stature, which may take on a bizarre quality. 思维、人际交往和行为受多重妄想的支配，这些妄想包括惊人的能力、财富、知识、名望、权力和(或)道德高度，可能具有古怪的性质。

P6. Suspiciousness / persecution. 猜疑或被害感

Unrealistic or exaggerated ideas of persecution, as reflected in guardedness, a distrustfu1 attitude, suspicious hypervigilance, or frank delusions that others mean one harm. 不现实或夸大的被害观念，表现在防卫、不信任态度、多疑的高度戒备，或是认为他人对其有伤害的非常明显的妄想。

Basis for rating: thought content expressed in the interview and its influence on behavior as reported by primary care workers or family. 评分依据：会谈中思维的自然表达，及由基层保健工作者或家属提供的这些想法对其行为的影响。

	Rating 分级	Criteria标准
1	Absent 无	Definition does not apply. 定义不适用于该患者。
2	Minimal 很轻	Questionable pathology; may be at the upper extreme of normal limits. 症状可疑，可能是正常范围的上限。
3	Mild 轻度	Presents a guarded or even openly distrustful attitude, but thoughts, interactions, and behavior are minimally affected. 表现出防卫或甚至公开的不信任态度，但思维、交往和行为只受到最小程度的影响。
4	Moderate 中度	Distrustfulness is clearly evident and intrudes on the interview and/or behavior, but there is no evidence of persecutory delusions. Alternatively, there may be indication of loosely formed persecutory delusions, but these do not seem to affect the patient's attitude or interpersonal relations. 明确地显示出不信任感，并妨碍会谈和(或)行为，但没有被害妄想的证据，或者，可能存在结构松散的被害妄想，但这些似乎不影响患者的态度或人际关系。
5	Moderate Severe 偏重	Patient shows marked distrustfulness, leading to major disruption of interpersonal relations, or else there are clear-cut persecutory delusions that have limited impact on interpersonal relations and behavior. 患者表现出明显的不信任感，以致人际关系造成严重破坏，或者还存在明确的被害妄想，对人际关系和行为造成一定程度的影响。
6	Severe 重度	Clear-cut pervasive delusions of persecution which may be systematized and significantly interfere in interpersonal relations. 明确的泛化的被害妄想，可能是系统化的，且显著地妨碍人际关系。

（续表）

	Rating 分级	Criteria标准
7	Extreme 极重度	A network of systematized persecutory delusions dominates the patient's thinking, social relations, and behavior. 一整套系统性被害妄想支配患者的思维、社交关系和行为。

◆ 须区分因情感疏离或淡漠性退缩所致的防卫。

P7. Hostility. 敌对性

Verbal and nonverbal expressions of anger and resentment, including sarcasm, passive-aggressive behavior, verbal abuse, and assaultiveness. 愤怒、怨恨的言语和非言语表达，包括讥讽、被动攻击行为、辱骂和袭击。

Basis for rating: interpersonal behavior observed during the interview and reports by primary care workers or family. 评分依据：会谈中观察其人际行为，及由基层保健工作者或家属提供。

	Rating 分级	Criteria标准
1	Absent 无	Definition does not apply. 定义不适用于该患者。
2	Minimal 很轻	Questionable pathology; may be at the upper extreme of normal limits. 症状可疑，可能是正常范围的上限。
3	Mild 轻度	Indirect or restrained communication of anger, such as sarcasm, disrespect, hostile expressions, and occasional irritability. 间接地或克制地表示愤怒，如讥讽，不尊敬，表达敌意及偶尔易激惹。
4	Moderate 中度	Presents an overtly hostile attitude, showing frequent irritability and direct expression of anger or resentment. 存在明显敌对态度，经常表现易激惹及直接表达愤怒或怨恨。
5	Moderate Severe 偏重	Patient is highly irritable and occasionally verbally abusive or threatening. 患者高度易激惹，而且偶尔有辱骂或言语威胁。
6	Severe 重度	Uncooperativeness and verbal abuse or threats notably influence the interview and seriously impact upon social relations. Patient may be violent and destructive but is not physically assaultive toward others. 不合作和辱骂或言语威胁显著地影响会谈，且严重影响社交关系，患者可能具有暴力和破坏性，但没有对他人进行人身攻击。
7	Extreme 极重度	Marked anger results in extreme uncooperativeness, precluding other interactions, or in episode (s) of physical assault toward others. 明显的愤怒造成极度不合作，拒绝与他人交往或对他人进行人身攻击。

◆ 指被害妄想引起的敌意，敌对的对象可以是任何人。

Negative Scale(N) 阴性量表

N1. Blunted affect. 情感迟钝

Diminished emotional responsiveness as characterized by a reduction in facial expression, modulation of feelings, and communicative gestures. 情感反应减弱，以面部表情、感觉调节及体态语言的减少为特征。

Basis for rating: observation of physical manifestations of affective tone and emotional responsiveness during the course of interview. 评分依据：会谈中观察情感基调和情绪反应的躯体表现。

	Rating 分级	Criteria标准
1	Absent 无	Definition does not apply. 定义不适用于该患者。
2	Minimal 很轻	Questionable pathology; may be at the upper extreme of normal limits. 症状可疑，可能是正常范围的上限。
3	Mild 轻度	Changes in facial expression and communicative gestures seem to be stilted, forced, artificial, or lacking in modulation. 面部表情和体态语言似乎显得呆板、勉强、做作，或缺少变化。
4	Moderate 中度	Reduced range of facial expression and few expressive gestures result in a dull appearance. 面部表情和体态语言的减少使患者看上去迟钝。
5	Moderate Severe 偏重	Affect is generally "flat," with only occasional changes in facial expression and a paucity of communicative gestures. 情感总体上显得"平淡"，面部表情仅偶尔有所变化，缺乏体态语言。
6	Severe 重度	Marked flatness and deficiency of emotions exhibited most of the time. There may be unmodulated extreme affective discharges, such as excitement, rage, or inappropriate uncontrolled laughter. 大部分时间表现明显的情感平淡和缺乏情绪表达，可能存在无法调控的极端情感发泄，如兴奋、愤怒或不恰当的无法控制的发笑。
7	Extreme 极重度	Changes in facial expression and evidence of communicative gestures are virtually absent. Patient seems constantly to show a barren or " wooden" expression. 完全缺乏面部的表情和体态语言，患者似乎持续地显示出木讷的表情或毫无表情。

- ◆ 指情感的非言语表达，不仅观察面部表情，而且还有姿势动作，应除外药物引起的EPS症状。
- ◆ 6分包括缺乏情感调节及情绪反应平淡。

N2. Emotional withdrawal. 情绪退缩

Lack of interest in, involvement with, and affective commitment to life's events. 对生活事件缺乏兴趣、参与和情感投入。

Basis for rating: reports of functioning from primary care workers or family and observation of interpersonal behavior during the course of interview. 评分依据：由基层保健工作者或家属提供，及会谈中观察到的人际行为。

	Rating 分级	Criteria标准
1	Absent 无	Definition does not apply. 定义不适用于该患者。
2	Minimal 很轻	Questionable pathology; may be at the upper extreme of normal limits. 症状可疑，可能是正常范围的上限。
3	Mild 轻度	Usually lacks initiative and occasionally may show deficient interest in surrounding events. 常缺乏主动性，偶尔显得对周围事件缺乏兴趣。
4	Moderate 中度	Patient is generally distanced emotionally from the milieu and its challenges but, with encouragement, can be engaged. 患者总体上对周围环境及环境变化有情感隔阂，但给予鼓励仍可参与。
5	Moderate Severe 偏重	Patient is clearly detached emotionally from persons and events in the milieu, resisting all efforts at engagement. Patient appears distant, docile, and purposeless but can be involved in communication at least briefly and tends to personal needs, sometimes with assistance. 患者对周围的人和事有明显的情感疏远，抵制所有的参与努力，患者显得疏远、温顺和漫无目的，但至少可进行短暂的交流，倾向于个人需求，有时需要帮助。
6	Severe 重度	Marked deficiency of interest and emotional commitment results in limited conversation with others and frequent neglect of personal functions, for which the patient requires supervision. 明显的缺乏兴趣和情感投入，导致与他人交谈有限，并且经常忽略个人功能，因此患者需要监督。
7	Extreme 极重度	Patient is almost totally withdrawn, uncommunicative, and neglectful of personal needs as a result of profound lack of interest and emotional commitment. 兴趣和情感投入的极度缺乏导致患者几乎完全退缩，无法交谈，并忽略个人需求。

◆ 评估跟生活事件有关的情感退缩应包括对个人功能的忽视。

◆ 须区别N2和N4（社交退缩），后者更多地聚焦于由知情者报告的因淡漠、缺乏精力和意志力而致社交兴趣和主动性的下降。

N3. Poor rapport. 情感交流障碍

Lack of interpersonal empathy, openness in conversation, and sense of closeness, interest, or involvement with the interviewer. This is evidenced by interpersonal distancing and reduced verbal and nonverbal communication. 缺乏人际交往中的感情投入、交谈时的坦率及亲密感、兴趣或对会谈者的投入，表现在人际关系疏远及言语和非言语交流的减少。

Basis for rating: interpersonal behavior during the course of interview. 评分依据：会谈中的人际行为。

	Rating 分级	Criteria标准
1	Absent 无	Definition does not apply. 定义不适用于该患者。

（续表）

	Rating 分级	Criteria标准
2	Minimal 很轻	Questionable pathology; may be at the upper extreme of normal limits. 症状可疑，可能是正常范围的上限。
3	Mild 轻度	Conversation is characterized by a stilted, strained or artificial tone. It may lack emotional depth or tend to remain on an impersonal, intellectual plane. 交谈以呆板、紧张或音调不自然为特征，可能缺乏情绪深度或倾向于停留在非个人的、理智性的水平。
4	Moderate 中度	Patient typically is aloof, with interpersonal distance quite evident. Patient may answer questions mechanically, act bored, or express disinterest. 患者显出典型的冷淡，人际关系疏远相当明显，患者可能机械地回答问题，表现不耐烦或表示无兴趣。
5	Moderate Severe 偏重	Disinvolvement is obvious and clearly impedes the productivity of the interview. Patient may tend to avoid eye or face contact. 明显的不投入并妨碍到会谈的词汇表达量，患者可能避开眼神的接触或面部表情的交流。
6	Severe 重度	Patient is highly indifferent, with marked interpersonal distance. Answers are perfunctory, and there is little nonverbal evidence of involvement. Eye and face contact are frequently avoided. 患者显得高度冷漠，有明显的人际疏远，回答问题敷衍，很少有投入会谈的非言语迹象，常常避开眼神的接触和面部表情的交流。
7	Extreme 极重度	Patient is totally uninvolved with the interviewer. Patient appears to be completely indifferent and consistently avoids verbal and nonverbal interactions during the interview. 患者完全不投入会谈，显得完全冷漠，会谈中始终回避言语和非言语交流。

◆ 指在检查交谈时，无法实现正常的情感交流，在患者与检查者之间存在一道无形的隔膜。

N4. Passive / apathetic social withdrawal. 被动性或淡漠性社交退缩

Diminished interest and initiative in social interactions due to passivity, apathy, anergy, or avolition. This leads to reduced interpersonal involvements and neglect of activities of daily living. 因被动、淡漠、缺乏精力或意志力使社会交往的兴趣和主动性下降，这导致人际投入的减少及对日常活动的忽视。

Basis for rating: reports on social behavior from primary care workers or family. 评分依据：由基层保健工作者或家属提供的患者的社会行为情况。

	Rating 分级	Criteria标准
1	Absent 无	Definition does not apply. 定义不适用于该患者。
2	Minimal 很轻	Questionable pathology; may be at the upper extreme of normal limits. 症状可疑，可能是正常范围的上限。
3	Mild 轻度	Shows occasional interest in social activities but poor initiative. Usually engages with others only when approached first by them. 显示对社交活动偶有兴趣，但主动性较差，通常只有在他人先主动表示时才会参与。

（续表）

	Rating 分级	Criteria标准
4	Moderate 中度	Passively goes along with most social activities but in a disinterested or mechanical way. Tends to recede into the background. 被动地参与大部分的社交活动，但以无兴趣或机械的方式出现，倾向于退缩到不显眼的地方。
5	Moderate Severe 偏重	Passively participates in only a minority of activities and shows virtually no interest or initiative. Generally spends little time with others. 仅被动参与少数活动，且实际上显得毫无兴趣或主动性，通常只花很少时间与他人相处。
6	Severe 重度	Tends to be apathetic and isolated, participating very rarely in social activities and occasionally neglecting personal needs. Has very few spontaneous social contacts. 趋于淡漠和孤立，极少参与社交活动，偶尔忽视个人需求，很少有自发的社交接触。
7	Extreme 极重度	Profoundly apathetic, socially isolated, and personally neglectful. 极度的淡漠，与世隔绝，且忽视个人需求。

◆ 为阴性症状病征的核心特征。

◆ 须区别N4和G16（主动回避社交），后者是评估与恐惧、敌意或不信任有关的社交参与的减少。

N5. Difficulty in abstract thinking. 抽象思维困难

Impairment in the use of the abstract-symbolic mode of thinking, as evidenced by diffculty in classification, forming generalizations, and proceeding beyond concrete or egocentric thinking in problem-solving tasks. 运用抽象–象征性思维模式受损，表现在分类、概括及解决问题时超越具体或自我中心的思维过程出现困难。

Basis for rating: responses to questions on similarities and proverb interpretation, and use of concrete vs. abstract mode during the course of the interview. 评分依据：会谈中回答相似性问题和谚语解释类问题，及运用具体对抽象模式的情况。

	Rating 分级	Criteria标准
1	Absent 无	Definition does not apply. 定义不适用于该患者。
2	Minimal 很轻	Questionable pathology; may be at the upper extreme of normal limits. 症状可疑，可能是正常范围的上限。
3	Mild 轻度	Tends to give literal or personalized interpretations to the more difficult proverbs and may have some problems with concepts that are fairly abstract or remotely related. 对较难懂的谚语倾向于照字面或给予个人化的解释，对极抽象或关联偏远的概念有些困难。
4	Moderate 中度	Often utilizes a concrete mode. Has difficulty with most proverbs and some categories. Tends to be distracted by functional aspects and salient features. 经常运用具体化的思维模式，对大多数谚语和某些分类有困难，倾向于被功能性和显著特征所迷惑。

（续表）

	Rating 分级	Criteria标准
5	Moderate Severe 偏重	Deals primarily in a concrete mode, exhibiting difficulty with most proverbs and many categories. 以具体化的思维模式为主，对大多数谚语和许多分类有困难。
6	Severe 重度	Unable to grasp the abstract meaning of any proverbs or figurative expressions and can formlulate classifications for only the most simple of similarities. Thinking is either vacuous or locked into functional aspects, salient features, and idiosyncratic interpretations. 无法领会任何谚语或比喻的抽象意义，仅能对最简单的相似事例作公式化的分类，思维空洞贫乏，或固定在功能性方面、显著特征和个人特质的解释。
7	Extreme 极重度	Can use only concrete modes of thinking. Shows no comprehension of proverbs, common metaphors or similes, and simple categories. Even salient and functional attributes do not serve as a basis for classification. This rating may apply to those who cannot interact even minimally with the examiner due to marked cognitive impairment. 只会使用具体化的思维模式，显示对谚语、一般隐喻或明喻及最简单的分类无法理解，甚至不会用显著的和功能性的特征作为分类的依据。本分级可适用于因显著认知功能缺损而无法与检查者进行最低限度交流的情况。

◆ 所问的相似性问题和谚语解释类问题应由易到难，包括易、中、难三个层次，且必须是患者所听说过的，否则不算。按实际回答情况的建议评，检查用语参见SCI-PANSS中的N5部分。

N6. Lack of spontaneity and flow of conversation. 交谈缺乏自发性和流畅性

Reduction in the normal flow of communication associated with apathy, avolition, defensiveness, or cognitive deficit. This is manifested by diminished fluidity and productivity of the verbal-interactional process. 交谈的正常流畅性下降，伴有淡漠、缺乏意志、防卫或认知缺损，表现在语言交流过程的流畅性和创造性下降。

Basis for rating: cognitive-verbal processes observed during the course of interview. 评分依据：会谈中观察认知言语过程。

	Rating 分级	Criteria标准
1	Absent 无	Definition does not apply. 定义不适用于该患者。
2	Minimal 很轻	Questionable pathology; may be at the upper extreme of normal limits. 症状可疑，可能是正常范围的上限。
3	Mild 轻度	Conversation shows little initiative. Patient's answers tend to be brief and unembellished, requiring direct and leading questions by the interviewer. 交谈显示很少有主动性，患者的回答简短且不加修饰，需要会谈者给予直接的和引导性的问题。
4	Moderate 中度	Conversation lacks free flow and appears uneven or halting. Leading questions are frequently needed to elicit adequate responses and proceed with conversation. 交谈缺乏自然流畅，显得不顺畅或停顿，经常需要引导性的问题以诱导出充分的回答和交谈的进程。

（续表）

	Rating 分级	Criteria标准
5	Moderate Severe 偏重	Patient shows a marked lack of spontaneity and openness, replying to the interviewer's questions with only one or two brief sentences. 患者表现明显的缺乏自发性及坦率，回答会谈者提问时仅用一个或两个简短的句子。
6	Severe 重度	Patient's responses are limited mainly to a few words or short phrases intended to avoid or curtail commununication. (E.g.,"I don't know,""I'm not at liberty to say") Conversation is seriously impaired as a result, and the interview is highly unproductive. 患者的回答仅局限于几个单字或短语，以回避或缩短交谈（如"我不知道"，"我没空说"），使交谈发生严重困难，且毫无效果。
7	Extreme 极重度	Verbal output is restricted to, at most, an occasional utterance, making conversation impossible. 语言的流出最多局限于偶然的呓语，使交谈无法进行。

◆ 主要指思维贫乏、或情感障碍、或意志障碍、或认知缺损引起的语言量的减少。思维散漫所致的不流畅不包括在此。

◆ 若谈话显示很少有主动性、需要访谈者给予引导性的问题，则评为轻度（3分）。

◆ 不稳定或有停顿的谈话，且需要经常给予引导性的问题，则评为中度（4分）。

N7. Stereotyped thinking. 刻板思维

Decreased fluidity, spontaneity, and flexibility of thinking, as evidenced in rigid, repetitious, or barren thought content. 思维的流畅性、自发性和灵活性下降，表现在刻板、重复或思维内容空洞。

Basis for rating: cognitive-verbal processes observed during the interview. 评分依据：会谈中观察认知言语过程。

	Rating 分级	Criteria标准
1	Absent 无	Definition does not apply. 定义不适用于该患者。
2	Minimal 很轻	Questionable pathology; may be at the upper extreme of normal limits. 症状可疑，可能是正常范围的上限。
3	Mild 轻度	Some rigidity shown in attitudes or beliefs. Patient may refuse to consider alternative positions or have difficulty in shifting from one idea to another. 态度或信念有些僵化，患者可能拒绝考虑另一种见解，或难以从一种观点改变成另一种观点。
4	Moderate 中度	Conversation revolves around a recurrent theme, resulting in difficulty in shiftng to a new topic. 交谈围绕着一个重复的主题，导致改变话题困难。
5	Moderate Severe 偏重	Thinking is rigid and repetitious to the point that, despite the interviewer's efforts, conversation is limited to only two or three dominating topics. 思维刻板及重复，尽管会谈者做出努力，交谈仍仅局限于二三个受限的主题。

（续表）

	Rating 分级	Criteria标准
6	Severe 重度	Uncontrolled repetition of demands, statements, ideas, or questions which severely impairs conversation. 无法控制地重复要求、声明、观点或问题，严重地妨碍交谈。
7	Extreme 极重度	Thinking, behavior, and conversation are dominated by constant repetition of fixed ideas or limited phrases, leading to gross rigidity, inappropriateness, and restrictiveness of patient's communication. 思维、行为和交谈被不断重复的牢固的观点或有限的短语所支配，导致患者的交流明显刻板、不恰当，并受到限制。

General Psychopathology Scale（G）一般精神病理量表

G1. Somatic concerns. 关注身体健康

Physical complaints or beliefs about bodily illness or malfunctions. This may range from a vague sense of ill being to clear-cut delusions of catastrophic physical disease. 诉说躯体不适或坚信有躯体疾病或功能失常，其范围从模糊的病感到身患重病的明确的妄想。

Basis for rating: thought content expressed in the interview. 评分依据：会谈中表达的思维内容。

	Rating 分级	Criteria标准
1	Absent 无	Definition does not apply. 定义不适用于该患者。
2	Minimal 很轻	Questionable pathology; may be at the upper extreme of normal limits. 症状可疑，可能是正常范围的上限。
3	Mild 轻度	Distinctly concerned about health or somatic issues, as evidenced by occasional questions and desire for reassurance. 明显关心健康或身体问题，偶尔会提出问题并希望得到保证。
4	Moderate 中度	Complains about poor health or bodily malfunction, but there is no delusional conviction, and over-concern can be allayed by reassurance. 主诉健康不佳或身体功能失常，但没有达到妄想的确信无疑，过度关心可通过保证而减轻。
5	Moderate Severe 偏重	Patient expresses numerous or frequent complaints about physical illness or bodily malfunction, or else patient reveals one or two clear-cut delusions involving these themes but is not preoccupied by them. 患者大量或频繁地主诉患躯体疾病或身体功能失常，或显露一二个关于这些主题的明确妄想，但尚未被其占据。
6	Severe 重度	Patient is preoccupied by one or a few clear-cut delusions about physical disease or organic malfunction, but affect is not fully immersed in these themes, and thoughts can be diverted by the interviewer with some effort. 患者被一个或几个明确的关于躯体疾病或器质性功能失常的妄想所占据，但情感尚未完全陷入其中，其思维经会谈者的努力能有所转移。

（续表）

	Rating 分级	Criteria标准
7	Extreme 极重度	Numerous and frequently reported somatic delusions, or only a few somatic delusions of a catastrophic nature, which totally dominate the patient's affect and thinking. 大量而频繁地诉说躯体妄想，或是一些灾难性的躯体妄想，完全支配患者的情感和思维。

◆ G1涉及对躯体的关注，可有或没有现实根据。

◆ 躯体妄想评≥5分。

G2. Anxiety. 焦虑

Subjective experience of nervousness, worry, apprehension, or restlessness, ranging from excessive concern about the present or future to feelings of panic. 主观体验到神经紧张、担忧、恐惧或坐立不安，其范围从对现在或将来的过分关心到惊恐的感觉。

Basis for rating: verbal report during the course of interview and corresponding phyical manifestations. 评分依据：会谈中的语言表达和相应的躯体表现。

	Rating 分级	Criteria标准
1	Absent 无	Definition does not apply. 定义不适用于该患者。
2	Minimal 很轻	Questionable pathology; may be at the upper extreme of normal limits. 症状可疑，可能是正常范围的上限。
3	Mild 轻度	Expresses some worry, over-concern, or subjective restlessness, but no somatic and behavioral consequences are reported or evidenced. 表示有些担忧、过度关心或主观的坐立不安，但没有诉说或表现出相应的躯体症状和行为。
4	Moderate 中度	Patient reports distinct symptoms of nervousness, which are reflected in mild physical manifestations such as fine hand tremor and excessive perspiration. 患者诉说有明显的神经紧张症状，并反映出轻微的躯体症状，如手的细微震颤和过度出汗。
5	Moderate Severe 偏重	Patient reports serious problems of anxiety, which have significant physical and behavioral consequences, such as marked tension, poor concentration, palpitations , or impaired sleep. 患者诉说有严重的焦虑问题，具有显著的躯体症状和行为表现，如明显的肌肉紧张、注意力下降、心悸或睡眠障碍。
6	Severe 重度	Subjective state of almost constant fear associated with phobias, marked restlessness, or numerous somatic manifestations. 几乎持续感受到害怕并伴有恐惧，明显的坐立不安，或有许多躯体症状。
7	Extreme 极重度	Patient's life is seriously disrupted by anxiety, which is present almost constantly and, at times, reaches panic proportion or is manifested in actual panic attacks. 患者的生活严重地被焦虑困扰，焦虑几乎持续存在，有时达到惊恐的程度或表现为惊恐发作。

G3. Guilt feelings. 自罪感

Sense of remorse or self-blame for real or imagined misdeeds in the past. 为过去真实或想象的过失而后悔或自责的感觉。

Basis for rating: verbal report of guilt feelings during the course of interview and the influence on attitudes and thoughts. 评分依据:会谈中语言表达的自罪感及其对态度和思维的影响。

	Rating 分级	Criteria标准
1	Absent 无	Definition does not apply. 定义不适用于该患者。
2	Minimal 很轻	Questionable pathology; may be at the upper extreme of normal limits. 症状可疑,可能是正常范围的上限。
3	Mild 轻度	Questioning elicits a vague sense of guilt or self-blame for a minor incident, but the patient clearly is not overly concerned. 询问时引出患者对微小事件的模糊的内疚或自责感,但患者显然并不过分在意。
4	Moderate 中度	Patient expresses distinct concern over his or her responsibility for a real incident in his or her life but is not preoccupied with it, and attitude and behavior are essentially unaffected. 患者明确表示在意他对过去发生的一件真实事件的责任,但并未被其占据,态度和行为基本未受影响。
5	Moderate Severe 偏重	Patient expresses a strong sense of guilt associated with self-deprecation or the belief that he or she deserves punishment. The guilt feelings may have a delusional basis, may be volunteered spontaneously, may be a source of preoccupation and/or depressed mood, and cannot be allayed readily by the interviewer. 患者表示出强烈的罪恶感,伴有自我责难或认为自己应受惩罚。罪恶感可能有妄想基础,可能自发形成,可能来源于某种先占观念和(或)抑郁心境,且不易被会谈者缓解。
6	Severe 重度	Strong ideas of guilt take on a delusional quality and lead to an attitude of hopeless or worthlessness. The patient believes he or she should receive harsh sanctions for the misdeeds and may even regard his or her current life situation as such punishment. 带有妄想性质的强烈的罪恶观念,导致出现绝望感或无价值感,患者认为应该为其过失受到严厉制裁,甚至认为他现在的生活处境就是这种惩罚。
7	Extreme 极重度	Patient's life is dominated by unstable delusions of guilt, for which he or she feels deserving of drastic punishment, such as life imprisonment, torture, or death. There may be associated suicidal thoughts or attribution of others' problems to one's own past misdeeds. 患者的生活被不可动摇的罪恶妄想所支配,感到自己应受严厉的惩罚,如终身监禁、酷刑或处死,可能伴有自杀观念,或将他人的问题归咎于自己过去的过失。

G4. Tension. 紧张

Overt physical manifestations of fear, anxiety, and agitation, such as stiffness, tremor,

profuse sweating, and restlessness. 因恐惧、焦虑和激越而表现明显的躯体症状，如僵直、震颤、大量出汗和坐立不安。

Basis for rating: verbal report attesting to anxiety and, thereupon, the severity of physical manifestations of tension observed during the interview. 评分依据：会谈中语言表达的焦虑及紧张的躯体表现的严重程度。

	Rating 分级	Criteria标准
1	Absent 无	Definition does not apply. 定义不适用于该患者。
2	Minimal 很轻	Questionable pathology; may be at the upper extreme of normal limits. 症状可疑，可能是正常范围的上限。
3	Mild 轻度	Posture and movements indicate slight apprehensiveness, such as minor rigidity, occasional restlessness, shifting of position, or fine rapid hand tremor. 姿势和动作表现出轻微的担忧，如轻度僵硬，偶尔坐立不安，变换姿势或手部轻微快速震颤。
4	Moderate 中度	A clearly nervous appearance emerges from various manifestations, such as fidgety behavior, obvious hand tremor, excessive perspiration, or nervous mannerisms. 明显的紧张表现为多种症状，如局促不安，明显的手部颤抖，过度出汗或紧张性作态。
5	Moderate Severe 偏重	Pronounced tension is evidenced by numerous manifestations, such as nervous shaking, profuse sweating, and restlessness, but conduct in the interview is not significantly affected. 显著的紧张表现为许多症状，如紧张性颤抖，大量出汗和坐立不安，但会谈的进行并未受到明显的影响。
6	Severe 重度	Pronounced tension to the point that interpersonal interactions are disrupted. The patient, for example, may be constantly fidgeting, unable to sit still for long, or show hyperventilation. 显著的紧张表现为妨碍人际交往，如持续的局促不安，无法静坐或过度换气。
7	Extreme 极重度	Marked tension is manifested by signs of panic or gross motor acceleration, such as rapid restless pacing and inability to remain seated for longer than a minute, which makes sustained conversation not possible. 明显的紧张表现为惊恐症状或显著的动作加速，如快速地来回走动和无法静坐超过1min，使会谈无法进行。

◆ 条目G2(焦虑)是评估焦虑的主观体验(包括对焦虑相关性躯体症状的主观体验)，而条目G4(紧张)聚焦于在访谈中观察到的明显的焦虑相关性躯体表现。

G5. Mannerisms and posturing. 装相和作态

Unnatural movements or posture as characterized by an awkward, stilted, disorganized, or bizarre appearance. 不自然的动作或姿势，以笨拙、做作、紊乱或古怪表现为特征。

Basis for rating: observation of physical manifestations during the course of interview as well as reports from primary care workers or family. 评分依据：会谈中观察躯体表现，也可由基层保健工作者或家属提供。

	Rating 分级	Criteria标准
1	Absent 无	Definition does not apply. 定义不适用于该患者。
2	Minimal 很轻	Questionable pathology; may be at the upper extreme of normal limits. 症状可疑,可能是正常范围的上限。
3	Mild 轻度	Slight awkwardness in movements or minor rigidity of posture. 动作有点笨拙或姿势有些僵硬。
4	Moderate 中度	Movements are notably awkward or disjointed, or an unnatural posture is maintained for brief periods. 动作明显笨拙或不连贯,或短时间保持一种不自然的姿势。
5	Moderate Severe 偏重	Occasional bizarre rituals or contorted posture are observed, or an abnormal position is sustained for extended periods. 观察到偶有古怪的仪式性动作或扭曲的姿势,或长时间保持一种异常的姿势。
6	Severe 重度	Frequent repetition of bizarre rituals, mannerisms, or stereotyped movements, or a contorted posture is sustained for extended periods. 经常重复出现古怪的仪式性动作、装相或刻板动作,或长时间保持一种扭曲的姿势。
7	Extreme 极重度	Functioning is seriously impaired by virtually constant involvement in ritualistic, manneristic, or stereotyped movements or by an unnatural fixed posture which is sustained most of the time. 几乎持续不断的仪式性动作、装相或刻板动作导致功能严重受损,或大部分时间保持一种不自然的固定姿势。

G6. Depression. 抑郁

Feelings of sadness, discouragement, helplessness, and pessimism. 悲伤、沮丧、无助和悲观厌世的感觉。

Basis for rating: verbal report of depressed mood during the course of interview and its observed influence on attitude and behavior as reported by primary care workers or family. 评分依据:会谈中抑郁心境的言语表达,及其对患者态度和行为的影响,也可由基层保健工作者或家属提供。

	Rating 分级	Criteria标准
1	Absent 无	Definition does not apply. 定义不适用于该患者。
2	Minimal 很轻	Questionable pathology; may be at the upper extreme of normal limits. 症状可疑,可能是正常范围的上限。
3	Mild 轻度	Expresses some sadness or discouragement only on questioning, but there is no evidence of depression in general attitude or demeanor. 只在被问及时才表示有些悲伤或沮丧,但总的态度或行为举止没有抑郁表现。

（续表）

	Rating 分级	Criteria标准
4	Moderate 中度	Distinct feelings of sadness or hopelessness, which may be spontaneously divulged, but depressed mood has no major impact on behavior or social functioning, and the patient usually can be cheered up. 明显感到悲伤或绝望，可能是自然流露出来的，但抑郁心境未对行为或社会功能造成重大影响，而且患者通常还能高兴起来。
5	Moderate Severe 偏重	Distinctly depressed mood is associated with obvious sadness, pessimism, loss of social interest, psychomotor retardation, and some interference in appetite and sleep. The patient cannot be easily cheered up. 明显的抑郁心境伴有明显的悲伤、悲观厌世、失去社交兴趣和精神运动迟滞，并且对食欲和睡眠有些妨碍，患者不易高兴起来。
6	Severe 重度	Markedly depressed mood is associated with sustained feelings of misery, occasional crying, hopelessness, and worthlessness. In addition, there is major interference in appetite and/or sleep as well as in normal motor and social functions, with possible signs of self-neglect. 明显的抑郁心境伴有持续的痛苦感，偶尔哭泣、绝望和无价值感。另外，对食欲和（或）睡眠以及正常运动和社会功能有严重妨碍，可能有自我忽视的迹象。
7	Extreme 极重度	Depressive feelings seriously interfere in most major functions. The manifestations include frequent crying, pronounced somatic symptoms, impaired concentration, psychomotor retardation, social disinterest, self-neglect, possible depressive or nihilistic delusions, and/or possible suicidal thoughts or actions. 抑郁感觉严重妨碍大部分主要功能，表现包括经常哭泣，明显的躯体症状，注意力损害，精神运动迟滞，失去社交兴趣，自我忽视，可能有抑郁或虚无妄想，和（或）可能有自杀意念或行为。

G7. Motor retardation. 运动迟缓

Reduction in motor activity as reflected in slowing or lessening of movements and speech, diminished responsiveness to stimuli, and reduced body tone. 运动活动减少，表现在动作和言语的减慢或减少，对刺激的反应减弱及体质变弱。

Basis for rating: manifestations during the course of interview as well as reports by primary care workers or family. 评分依据：会谈中的表现，也可由基层保健工作者或家属提供。

	Rating 分级	Criteria标准
1	Absent 无	Definition does not apply. 定义不适用于该患者。
2	Minimal 很轻	Questionable pathology; may be at the upper extreme of normal limits. 症状可疑，可能是正常范围的上限。
3	Mild 轻度	Slight but noticeable diminution in rate of movements and speech. Patient may be somewhat underproductive in conversation and gestures. 轻微但明显的动作和讲话速度减慢，患者的谈话内容和姿势可能有点不足。

（续表）

	Rating 分级	Criteria标准
4	Moderate 中度	Patient is clearly slow in movements, and speech may be characterized by poor productivity, including long response latency, extended pauses, or slow pace. 患者的动作明显减慢，讲话的特点是讲话内容不足，包括反应期延长，停顿延长或语速缓慢。
5	Moderate Severe 偏重	A marked reduction in motor activity renders communication highly unproductive or delimits functioning in social and occupational situations. Patient can usually be found sitting or lying down. 运动活动显著减少，导致交谈内容非常不足，或影响社交和职业功能，常常发现患者呆坐或躺着。
6	Severe 重度	Movements are extremely slow, resulting in a minimum of activity and speech. Essentially the day is spent sitting idly or lying down. 动作极其缓慢，导致极少活动和讲话，患者基本上整天呆坐或躺着。
7	Extreme 极重度	Patient is almost completely immobile and virtually unresponsive to external stimuli. 患者几乎完全不动，并且对外界刺激毫无反应。

◆ 评定时不考虑药物所致EPS反应。

◆ 评4分（中度）或以上可包括在访谈中观察到的讲话内容不足，反应期延长或停顿延长或语速缓慢。

G8. Uncooperativeness. 不合作

Active refusal to comply with the will of significant others, including the interviewer, hospital staff, or family, which may be associated with distrust, defensiveness, stubbornness, negativism, rejection of authority, hostility, or belligerence. 主动拒绝顺从其他重要人物的意愿，包括会谈者、医务人员或家属，可能伴有不信任、防御、固执、消极、抵制权威、敌对或好斗。

Basis for rating: interpersonal behavior observed during the course of interview as well as reports by primary care workers or family. 评分依据：会谈中观察人际行为，也可由基层保健工作者或家属提供。

	Rating 分级	Criteria标准
1	Absent 无	Definition does not apply. 定义不适用于该患者。
2	Minimal 很轻	Questionable pathology; may be at the upper extreme of normal limits. 症状可疑，可能是正常范围的上限。
3	Mild 轻度	Complies with an attitude of resentment, impatience, or sarcasm. May inoffensively object to sensitive probing during the interview. 以一种愤恨、不耐烦或讥讽的态度服从。会谈中可能婉转地反对敏感问题。

（续表）

	Rating 分级	Criteria标准
4	Moderate 中度	Occasional outright refusal to comply with normal social demands, such as making own bed, attending scheduled programs, etc. The patient may project a hostile, defensive, or negative attitude but usually can be worked with. 偶尔直率地拒绝服从正常的社会要求，如整理自己的床铺，参加安排好的活动等。患者可能表现出敌对、防御或否定的态度，但通常仍可共事。
5	Moderate Severe 偏重	Patient frequently is incompliant with the demands of his or her milieu and may be characterized by others as an “outcast” or “having a serious attitude problem”. Uncooperativeness is reflected in obvious defensiveness or irritability with the interviewer and possible unwillingness to address many questions. 患者经常不遵从周围环境的要求，可能被他人描述为“被遗弃者”或有“严重的态度问题”，不合作表现为对会谈者明显的防御或易激惹，可能对许多问题不愿回答。
6	Severe 重度	Patient is highly uncooperative, negativistic, and possibly also belligerent. Refuses to comply with most social demands and may be unwilling to initiate or conclude the full interview . 患者高度不合作，否定，而且还可能好斗，拒绝服从大部分社会要求，可能不愿开始或完成整个会谈。
7	Extreme 极重度	Active resistance seriously impacts on virtually all major areas of functioning. Patient may refuse to join in any social activities, tend to personal hygiene, converse with family or staff and participate even briefly in an interview. 主动的抵制，严重影响几乎所有主要的功能领域，患者可能拒绝参加任何社交活动，不注意个人卫生，不与家属或工作人员谈话，或甚至拒绝参与简短的会谈。

G9. Unusual thought content. 不寻常思维内容

Thinking characterized by strange, fantastic, or bizarre ideas, ranging from those, which are remote or atypical to those which are distorted, illogical, and patently absurd. 思维特征为奇怪、幻想式或荒诞的念头，其范围从离谱或不典型到歪曲的、不合逻辑的和明显荒谬的想法。

Basis for rating: thought content expressed during the course of interview. 评分依据：会谈中思维内容的表达。

	Rating 分级	Criteria标准
1	Absent 无	Definition does not apply. 定义不适用于该患者。
2	Minimal 很轻	Questionable pathology; may be at the upper extreme of normal limits. 症状可疑，可能是正常范围的上限。
3	Mild 轻度	Thought content is somewhat peculiar or idiosyncratic, or familiar ideas are framed in an odd context. 思维内容有些奇怪或特异，或熟悉的观念却用在古怪上下文中。

（续表）

	Rating 分级	Criteria标准
4	Moderate 中度	Ideas are frequently distorted and occasionally seem quite bizarre. 观念经常被歪曲，偶尔显得非常古怪。
5	Moderate Severe 偏重	Patient expresses many strange and fantastic thoughts （e.g., being the adopted son of a king, being an escapee from death row） or some which are patently absurd （e.g., having hundreds of children, receiving radio message from outer space through a tooth filling). 患者表达许多奇怪的幻想的思维内容(如是国王的养子，是死亡名单的逃脱者)或一些明显荒谬的想法(如有几百个子女，通过牙齿填充物收到来自外太空的无线电讯息)。
6	Severe 重度	Patient expresses many illogical or absurd ideas or some, which have a distinctly bizarre quality (e.g., having three heads, being a visitor from another planet). 患者表达许多不合逻辑的或荒谬的观念，有些具有非常古怪的性质(如有三个脑袋，是外星人)。
7	Extreme 极重度	Thinking is replete with absurd, bizarre, and grotesque ideas. 思维充满荒谬、古怪和怪诞的想法。

◆ (3 分或 4 分)可反映出有古怪的或荒诞的而不一定是妄想性的想法。

G10. Disorientation. 定向障碍

Lack of awareness of one's relationship to the milieu, including persons, place, and time, which may be due to confusion or withdrawal. 丧失与环境有关的意识，包括人物、地点和时间，可能由意识混乱或戒断引起。

Basis for rating: responses to interview questions on orientation. 评分依据：会谈中对定向问题的反应。

	Rating 分级	Criteria标准
1	Absent 无	Definition does not apply. 定义不适用于该患者。
2	Minimal 很轻	Questionable pathology; may be at the upper extreme of normal limits. 症状可疑，可能是正常范围的上限。
3	Mild 轻度	General orientation is adequate but there is some difficulty with specifics. For example, patient knows his or her location but not the street address; knows hospital staff names but not their functions; knows the month but confuses the day of week with an adjacent day; or errs in the date by more than two days. There may be narrowing of interest evidenced by familiarity with the immediate but not extended milieu, such as ability to identify staff but not the Mayor, Governor, or President. 一般的定向尚可，但精确的定向有些困难，如患者知道他在何地，但不知道确切地址；知道医院工作人员的名字，但不知道他们的职能；知道月份，但星期几搞错1d；或日期相差2d以上。可能有兴趣范围狭窄，表现为只熟悉身边的环境，但不知道外围的环境，如能认识工作人员，但不认识市长、首脑或总统。

（续表）

	Rating 分级	Criteria标准
4	Moderate 中度	Only partial success in recognizing persons, places, and time. For example, patient knows he or she is in a hospital but not its name; knows the name of his or her city but not the borough or district, knows the name of his or her primary therapist but not many other direct care workers; knows the year and season but is not sure of the month. 只能对时间、地点、人物部分定向，如患者知道他在医院里，但不知道医院的名称；知道他所在的城市名称，但不知道村镇或行政区的名称；知道他主治人员的名字，但不知道其他直接照料者的名字；知道年份和季节，但不知道确切的月份。
5	Moderate Severe 偏重	Considerable failure in recognizing persons, place, and time. Patient has only a vague notion of where he or she is and seems unfamiliar with most people in his or her milieu. He or she may identify the year correctly or nearly so but not know the current month, day of week, or even the season. 人物、时间、地点的定向力大部分受损，患者只有一些模糊的概念，如他在何处，似乎对环境中的大多数人都感觉陌生，可能会正确或接近地说出年份，但月份、星期几或甚至季节都不知道。
6	Severe 重度	Marked failure in recognizing persons, place, and time. For example, patient has no knowledge of his or her whereabouts; confuses the date by more than one year; can name only one or two individuals in his or her current life. 人物、时间、地点定向力明显丧失。如患者不知道身在何处，对日期的误差超1年；仅能说出当前生活中一二个人名。
7	Extreme 极重度	Patient appears completely disoriented with regard to persons, place, and time. There is gross confusion or total ignorance about one's location, the current year, and even the most familiar people, such as parents, spouse, friends, and primary therapist. 患者完全丧失人物、地点、时间定向力，严重混淆或全然不知自己身在何处，现在的年份，甚至最熟悉的人，如父母、配偶、朋友和主治人员。

◆ 不限于意识障碍所致的定向障碍；若各分级标准间有重叠，按重的计分。

G11. Poor attention. 注意障碍

Failure in focused alertness manifested by poor concentration, distractibility from internal and external stimuli, and difficulty in harnessing, sustaining, or shifting focus to new stimuli. 警觉集中障碍，表现为注意力不集中，受内外刺激而分散注意力，以及在驾驭、保持或转移注意力至新刺激时存在困难。

Basis for rating: manifestations during the course of interview. 评分依据：会谈中的表现。

	Rating 分级	Criteria标准
1	Absent 无	Definition does not apply. 定义不适用于该患者。
2	Minimal 很轻	Questionable pathology; may be at the upper extreme of normal limits. 症状可疑，可能是正常范围的上限。

（续表）

	Rating 分级	Criteria标准
3	Mild 轻度	Limited concentration evidenced by occasional vulnerability to distraction or faltering attention toward the end of the interview. 注意力集中受限，偶尔容易分心或在会谈将结束时显得注意力不集中。
4	Moderate 中度	Conversation is affecd by the tendency to be easily distracted, difficulty in long sustaining concentration on a given topic, or problems in shifting attention to new topics. 会谈因注意力容易分散的倾向而受到影响，难以长时间将注意力集中在一个主题上，或难以将注意力转向新的主题。
5	Moderate Severe 偏重	Conversation is seriously hampered by poor concentration, distractibility, and difficulty in shifting focus appropriately. 会谈因为注意力不集中、分散和难以适当地转换注意点而受到严重影响。
6	Severe 重度	Patient's attention can be harnessed for only brief moments or with great effort, due to marked distraction by internal or external stimuli. 患者的注意力由于受内在的或外部的刺激而明显分散，注意仅能维持片刻或需作很大努力。
7	Extreme 极重度	Attention is so disrupted that even brief conversation is not possible. 注意力严重障碍，以致简短的交谈都无法进行。

G12. Lack of judgment and insight. 判断和自知力缺乏

Impaired awareness or understanding of one's own psychiatric condition and life situation. This is evidenced by failure to recognize past or present psychiatric illness or symptoms, denial of need for psychiatric hospitalization or treatment, decisions characterized by poor anticipation of consequences, and unrealistic short-term and long-range planning. 对自身精神状况和生活处境的认识或理解受损，表现在不能认识过去或现在的精神疾病或症状，否认需要在精神科住院或治疗，所做决定的特点是对后果的预期很差，及不切实际的短期和长期计划。

Basis for rating: thought content expressed during the interview. 评分依据：会谈中思维内容的表达。

	Rating 分级	Criteria标准
1	Absent 无	Definition does not apply. 定义不适用于该患者。
2	Minimal 很轻	Questionable pathology; may be at the upper extreme of normal limits. 症状可疑，可能是正常范围的上限。

（续表）

	Rating 分级	Criteria标准
3	Mild 轻度	Recognizes having a psychiatric disorder but clearly underestimates its seriousness, the implications for treatment, or the importance of taking measures to avoid relapse. Future planning may be poorly conceived. 认识到有某种精神障碍，但明显低估其严重性、治疗的意义或采取措施以避免复发的重要性，对未来计划的构想力可能较差。
4	Moderate 中度	Patient shows only a vague or shallow recognition of illness. There may be fluctuations in acknowledgment of being ill or little awareness of major symptoms, which are present, such as delusions, disorganized thinking, suspiciousness, and social withdrawal. The patient may rationalize the need for treatment in terms of its relieving lesser symptoms, such as anxiety, tension, and sleep difficulty. 患者表现为对疾病只有模糊或肤浅的认识，对于承认患病动摇不定，或对存在的主要症状很少认识，如妄想、思维混乱、猜疑和社会退缩，患者可能将需要治疗理解为减轻一些较轻的症状，如焦虑、紧张和睡眠困难。
5	Moderate Severe 偏重	Acknowledges past but not present psychiatric disorder.If challenged, the patient may concede the presence of some unrelated or insignificant symptoms, which tend to be explained away by gross misinterpretation or delusional thinking. The need for psychiatric treatment similarly goes unrecognized. 认识到过去但不是现在有精神障碍，如被质疑，患者可能勉强承认一些无关的或不重要的症状，并倾向于以完全曲解的解释或妄想性思维来加以开脱，同样，认为不需要精神治疗。
6	Severe 重度	Patient denies ever having had a psychiatric disorder. He or she disavows the presence of any psychiatric symptoms in the past or present and, though compliant, denies the need for treatment and hospitalization. 患者否认曾患精神障碍，患者否认过去或现在存在任何精神症状，尽管尚能顺从，但否认需要治疗和住院。
7	Extreme 极重度	Emphatic denial of past and present psychiatric illness. Current hospitalization and treatment are given a delusional interpretation (e.g., as punishment for misdeeds, as persecution by tormentors, etc.), and the patient may thus refuse to cooperate with therapists, medication , or other aspects of treatment. 断然否认过去和现在存在精神疾病，对目前的住院和治疗给予妄想性的解释(如因过失而受惩罚、被人迫害等)，患者因此拒绝配合治疗者、药物或其他治疗。

◆ 评估此条目只考虑患者对自己的精神病病情和生活状况的认识或理解。

◆ 此条目并非更广义地评估针对评估期间患者总体的信念和行为的自知力。

G13. Disturbance of volition. 意志障碍

Disturbance in the willful initiation, sustenance, and control of one's thoughts, behavior, movements, and speech. 意志的产生、维持，及对思维、行为、动作、语言的控制障碍。

Basis for rating: thought content and behavior manifested in the course of interview. 评分依据：会谈中思维内容和行为表现。

	Rating 分级	Criteria标准
1	Absent 无	Definition does not apply. 定义不适用于该患者。
2	Minimal 很轻	Questionable pathology; may be at the upper extreme of normal limits. 症状可疑，可能是正常范围的上限。
3	Mild 轻度	There is evidence of some indecisiveness in conversation and thinking, which may impede verbal and cognitive processes to a minor extent. 患者的谈话和思维有些犹豫不决，轻度妨碍言语和认知过程。
4	Moderate 中度	Patient is often ambivalent and shows clear difficulty in reaching decisions. Conversation may be marred by alteration in thinking, and in consequence verbal and cognitive functioning are clearly impaired. 患者经常出现矛盾症状，做决定有明显的困难，交谈可因思维的变化不定而受影响，言语和认知功能明显受损。
5	Moderate Severe 偏重	Disturbance of volition interferes in thinking as well as behavior. Patient shows pronounced indecision that impedes the initiation and continuation of social and motor activities, and which also may be evidenced in halting speech. 意志障碍妨碍思维及行为，患者表现严重的犹豫不决，妨碍社会和动作活动的产生和持续，也可能表现为言语停顿。
6	Severe 重度	Disturbance of volition interferes in the execution of simple, automatic motor functions, such as dressing and grooming, and markedly affects speech. 意志障碍妨碍执行简单的、自主的动作功能，如穿衣和梳理，明显地影响言语功能。
7	Extreme 极重度	Almost complete failure of volition is manifested by gross inhibition of movement and speech, resulting in immobility and/or mutism. 意志几乎完全丧失，表现为严重的运动和语言抑制，导致不动和(或)缄默。

◆ 指矛盾意志，犹豫不决的程度。

G14. Poor impulse control. 冲动控制障碍

Disordered regulation and control of action on inner urges, resulting in sudden, unmodulated, arbitrary, or misdirected discharge of tension and emotions without concern about consequences. 对内在冲动反应的调节和控制障碍，导致不顾后果的、突然的、无法调节的、肆意的或误导的紧张和情绪的宣泄。

Basis for rating: behavior during the course of interview and reported by primary care workers or family. 评分依据：会谈中观察行为、及由基层保健工作者或家属提供。

	Rating 分级	Criteria标准
1	Absent 无	Definition does not apply. 定义不适用于该患者。
2	Minimal 很轻	Questionable pathology; may be at the upper extreme of normal limits. 症状可疑，可能是正常范围的上限。

（续表）

	Rating 分级	Criteria标准
3	Mild 轻度	Patient tends to be easily angered and frustrated when facing stress or denied gratification but rarely acts on impulse. 当面对应激或不如意时，患者容易出现愤怒和受挫感，但很少冲动行事。
4	Moderate 中度	Patient gets angered and verbally abusive with minimal provocation. May be occasionally threatening, destructive, or have one or two episodes involving physical confrontation or a minor brawl. 患者对轻微的挑衅就会愤怒和谩骂，可能偶尔出现威胁、破坏或一二次身体冲突或程度较轻的吵架。
5	Moderate Severe 偏重	Patient exhibits repeated impulsive episodes involving verbal abuse, destruction of property, or physical threats. There may be one or two episodes involving serious assault, for which the patient requires isolation, physical restraint, or p.r.n. sedation. 患者反复出现冲动，包括谩骂、毁物或身体威胁，可能有一二次严重的攻击，以致患者需要隔离、身体约束或必要时给予镇静剂。
6	Severe 重度	Patient frequently is impulsively aggressive, threatening, demanding, and destructive, without any apparent consideration of consequences. Shows assaultive behavior and may also be sexually offensive and possibly respond behaviorally to hallucinatory commands. 患者经常不计后果地出现攻击、威胁、强人所难和破坏性行为，表现出攻击行为并可能是性攻击，可能为对幻听命令的行为反应。
7	Extreme 极重度	Patient exhibits homicidal attacks, sexual assaults, repeated brutality, or self-destructive behavior. Requires constant direct supervision or external constraints because of inability to control dangerous impulses. 患者出现致命的攻击、性侵犯、反复的残暴行为或自残行为。因不能控制其危险性冲动而需要不断地直接监管或外部约束。

G15. Preoccupation. 先占观念

Absorption with internally generated thoughts and feelings and with autistic experiences to the detriment of reality orientation and adaptive behavior. 专注于内在产生的思维和感觉。因内向性体验而损害现实定向和适应性行为。

Basis for rating: interpersonal behavior observed during the course of interview. 评分依据：会谈中观察其人际行为。

	Rating 分级	Criteria标准
1	Absent 无	Definition does not apply. 定义不适用于该患者。
2	Minimal 很轻	Questionable pathology; may be at the upper extreme of normal limits. 症状可疑，可能是正常范围的上限。

（续表）

	Rating 分级	Criteria标准
3	Mild 轻度	Excessive involvement with personal needs or problems, such that conversation veers back to egocentric themes and there is diminished concern exhibited toward others. 过分关注个人需要或问题，使会谈转向自我中心的主题，对他人缺乏关心。
4	Moderate 中度	Patient occasionally appears self-absorbed, as if daydreaming or involved with internal experiences, which interferes with communication to a minor extent. 患者偶尔表现自我专注，好像在做白日梦或关注内在体验，轻度妨碍交往。
5	Moderate Severe 偏重	Patient often appears to be engaged in autistic experiences, as evidenced by behaviors that significantly intrude on social and communicational functions, such as the presence of a vacant stare, muttering or talking to oneself, or involvement with stereotyped motor patterns. 患者常表现为专注于内向性体验，明显影响社交和沟通功能，如出现目光呆滞、喃喃自语或自言自语，或出现刻板的动作模式。
6	Severe 重度	Marked preoccupation with autistic experiences, which seriously delimits concerntration, ability to converse, and orientation to the milieu. The patient frequently may be observed smiling, laughing, muttering, talking, or shouting to himself or herself. 明显沉浸于内向性体验，使注意力、交谈能力及对环境的定向力严重受限，患者经常一个人微笑、大笑，喃喃自语，自言自语或冲自己大叫。
7	Extreme 极重度	Gross absorption with autistic experiences, which profoundly affects all major realms of behavior. The patient constantly may be responding verbally and behaviorally to hallucinations and show little awareness of other people or the external milieu. 严重地专注于内向体验，极度影响所有重要的行为，患者不断地对幻觉做出言语和行为反应，很少觉察到他人或外部环境。

G16. Active social avoidance. 主动回避社交

Diminished social involvement associated with unwarranted fear, hostility, or distrust. 由于无根据的恐惧、敌意或不信任而减少社交参与。

Basis for rating: reports of social functioning by primary care workers or family. 评分依据：由基层保健工作者或家属提供的社交功能状况。

	Rating 分级	Criteria标准
1	Absent 无	Definition does not apply. 定义不适用于该患者。
2	Minimal 很轻	Questionable pathology; may be at the upper extreme of normal limits. 症状可疑，可能是正常范围的上限。
3	Mild 轻度	Patient seems ill at ease in the presence of others and prefers to spend time alone, although he or she participates in social functions when required. 患者在别人面前似乎显得不自在，并且喜欢独自消磨时光，尽管他（她）在要求下仍会参加社交活动。

（续表）

	Rating 分级	Criteria标准
4	Moderate 中度	Patient grudgingly attends all or most social activities but may need to be persuaded or may terminate prematurely on account of anxiety, suspiciousness, or hostility. 患者非常勉强地参加所有或大部分社交活动，但可能需要劝说，或可能因焦虑、猜疑或敌意而中止参与。
5	Moderate Severe 偏重	Patient fearfully or angrily keeps away from many social interactions despite other's efforts to engage him. Tends to spend unstructured time alone. 尽管他人努力邀请他，患者仍因恐惧或愤怒而远离许多社会交往，倾向于独自消磨空闲时间。
6	Severe 重度	Patient participates in very few social activities because of fear, hostility, or distrust. When approached, the patient shows a strong tendency to break off interactions, and generally he or she appears to isolate himself or herself from others. 患者因恐惧、敌意或不信任而极少参加社交活动。当他人接近时，患者表现出强烈的中止交往的倾向，并且他（她）通常表现出离群索居。
7	Extreme 极重度	Patient cannot be engaged in social activities because of pronounced fears, hostility, or persecutory delusions. To the extent possible, he or she avoids all interactions and remains isolated from others. 患者因极度恐惧、敌意或被害妄想而不参加社交活动，他（她）尽可能回避所有的交往并离群索居。

◆ 与N4的区分点为社交活动的参与减少是与无根据的恐惧、敌意或不信任有明显联系，是基于他人观察到的情况。

◆ 因此，此条目的评定说明社交回避是因恐惧、敌意或不信任促成的，而不是因淡漠或缺乏意志力。

Supplementary Items for the Aggression Risk Profile 攻击危险性补充项目

S1. Anger. 愤怒

Subjective state of displeasure and irritation directed at others. 主观状态为指向他人的不悦和激惹。

Basis for rating: verbal report of angry feelings during the course of the interview and, thereupon, corresponding hostile behaviors observed during the interview or noted from reports by primary care workers or family. 评分依据：会谈中愤怒感觉的言语表达，及由此观察到的相应敌对行为，或由基层保健工作者或家属提供。

	Rating 分级	Criteria标准
1	Absent 无	Definition does not apply. 定义不适用于该患者。
2	Minimal 很轻	Questionable pathology; may be at the upper extreme of normal limits. 症状可疑，可能是正常范围的上限。
3	Mild 轻度	Expresses some irritation or ill feelings toward others but, otherwise, shows no emotional or behavioral signs of anger. 表达对他人有些激惹或反感，但没有愤怒的情绪或行为表现。

（续表）

	Rating 分级	Criteria标准
4	Moderate 中度	Presents an overtly angry exterior, but temper remains under control. 存在明显的愤怒外表，但脾气仍可控制。
5	Moderate Severe 偏重	Patient appears highly irritable, and anger is vented through frequently raised voice, occasional verbal abuse, or thinly veiled threats. 患者表现高度激惹，其愤怒通过频繁地提高声音、偶尔的谩骂或稍加掩饰的威胁来发泄。
6	Severe 重度	Patient appears highly irritable, and anger is vented through repeated verbal abuse, overt threats, or destructiveness. 患者表现高度激惹，其愤怒通过反复的谩骂、明显的威胁或破坏行为来发泄。
7	Extreme 极重度	An explosive level of anger is evidenced by physical abuse directed or attempted at others. 愤怒的爆发表现为直接或企图对他人进行人身攻击。

S2. Difficulty in delaying gratification. 延迟满足困难

Demanding, insistent that needs be satisfied immediately, and noticeably upset when fulfillment of needs or desires is delayed. 强人所难，坚持立即满足其要求，当需要或渴望被延迟满足时，明显烦乱。

Basis for rating: observation of behavior during the course of the interview as well as reports from primary care workers or family. 评分依据：会谈中观察其行为，或由基层保健工作者或家属提供。

	Rating 分级	Criteria标准
1	Absent 无	Definition does not apply. 定义不适用于该患者。
2	Minimal 很轻	Questionable pathology; may be at the upper extreme of normal limits. 症状可疑，可能是正常范围的上限。
3	Mild 轻度	Patient is occasionally demanding and impatient but settles down quickly when spoken to. 患者偶有强人所难或不耐烦，但劝说后能很快平静下来。
4	Moderate 中度	Demanding behavior occurs more than just occasionally or else has an insistent quality that makes the patient a “nuisance”. No outbursts of hostility, however, typically follow, and the patient ordinarily can be managed without difficulty. 强人所难的行为增多，或带有坚持的特点，使患者成为一个“讨厌的人”，但没有通常紧跟的敌对爆发，一般易于管理。
5	Moderate Severe 偏重	Demanding behavior is both frequent and persistent, resulting in occasional confrontations with other patients, staff, or family. As a rule, however, the patient regains control without serious incident.强人所难的行为经常出现且坚持不变，导致偶尔与其他患者、工作人员或家属发生冲突，通常患者能恢复控制，不发生严重事件。

（续表）

	Rating 分级	Criteria标准
6	Severe 重度	Patient gets seriously upset whenever needs or demands are not met immediately. Explosive or violent behavior may once or twice ensue, and loss of control is an ever-present possibility. 当需求未被立即满足时，患者表现极为烦乱，随即可发生1~2次暴力行为，随时都可能失去控制。
7	Extreme 极重度	The failure to instantly cater to the patient's needs or demands tends to provoke explosive, violent, or impulsive behavior. Close supervision is typically required. 无法立即满足患者的需求，易于发生挑衅、暴力或冲动行为，特别需要密切监护。

S3. Affective lability. 情感不稳

Emotional expressions are unstable, fluctuating, inappropriate, and/or poorly controlled. 情绪表达不稳定、波动、不适当和（或）控制不良。

Basis for rating: affective state observed during the course of the interview. 评分依据：会谈中观察情感状态。

	Rating 分级	Criteria标准
1	Absent 无	Definition does not apply. 定义不适用于该患者。
2	Minimal 很轻	Questionable pathology; may be at the upper extreme of normal limits. 症状可疑，可能是正常范围的上限。
3	Mild 轻度	Some incongruous affective responses are observed or a few unexplained shifts in emotional tone may occur. 观察到有些不协调的情感反应，或情绪基调出现一些无法解释的变化。
4	Moderate 中度	Affect is frequently incongruent with thoughts (e.g., inappropriate silliness, anger, or worry), or there are several radical changes in emotional tone during the course of the interview. 情感经常与思维不协调（如不恰当的愚蠢、愤怒或担忧）或会谈中情绪基调有几次彻底的改变。
5	Moderate Severe 偏重	Emotional expressions are highly unstable and occasionally seem beyond the patient's control. The affective picture may show sudden shifts to the extremes, with generally poor modulation. 情绪表达高度不稳，偶尔似乎超出患者的控制，情感表达可能突然出现极端的改变，通常调节不良。
6	Severe 重度	Emotions appear to be uncontrolled during most of the interview and may be dominated by autistic or irrelevant stimuli. The affective state takes on a fleeting quality, with peculiar or kaleidoscopic changes. Primitive emotional discharge, e.g., displays of ecstasy or rage, may be seen. 会谈中大多数时间情绪无法控制，可能被内向的或无关的刺激支配，情感状态有迅速改变的性质，具有奇特的或千变万化的改变，可能出现原始的情绪发泄，如狂喜或暴怒。

（续表）

	Rating 分级	Criteria标准
7	Extreme 极重度	Patient seems to lack any control over his or her emotional state, which fluctuates freely in response to inappropriate external or internal events. Extreme emotional states, such as excitement or fury, at times dominate. 患者对其情绪状态似乎缺乏任何控制，对不适当的外部或内部事件的反应起伏不定，有时被极端的情绪状态如兴奋或暴怒所支配。

附 录 一

PANSS 评定说明

本量表主要用于评定精神分裂症患者的病情严重程度和疗效。研究表明该量表项目间具有高度内部信度和一致性，各分量表 α 系数为 0.73~0.83。一般精神病理量表分半信度指数为 0.80，重测信度指数为 0.77~0.89。

主要包括阳性量表（7 个条目）、阴性量表（7 个条目）和一般精神病理量表（16 个条目），共 30 个条目。评分为 1~7 分共 7 级。

评定时间窗为过去 7d 的症状；若末次访视<7d，则评定自末次访视以来的时间窗的症状。评估依据需综合项目定义、评分依据和分级标准三要素，评估每一个症状的有无、出现频度、严重度、症状对行为的影响，尽可能地对每一个要素逐字理解。确定最高一级的严重度评定，不需要符合所有内容；给出一个 1 周内合理的最高分数，而不是平均分数。信息来源包括面谈时所收集的资料（言语或非言语），以及从知情人那里所收集到的过去 1 周的症状。一次访谈评定需 30~40min 的时间。

有 6 个条目与妄想有关：P1 妄想、P5 夸大、P6 猜疑或被害感、G1 担心身体健康、G3 罪恶观念和 G9 不寻常思维内容。P1 着眼于妄想的数量和系统性；G9 着眼于妄想的怪异性；P5、P6、G1 和 G3 则依妄想的内容评定。

P6 猜疑或被害感是评定可能以防卫行为反映出来的被害妄想，G16 主动回避社交是评定可能继发于被害妄想的行为。有显著妄想的患者因为恐惧或不信任而只参加少数活动，可能在 P6 和 G16 上评分相似；有明显的系统化被害妄想但极少或没有隔绝的患者可能在 P6 上评分高而在 G16 上评分低。

社交少、活动需督促的表现可在 N2 情绪退缩、N4 被动性或淡漠性社交退缩和 G16 主动回避社交评分，但三项的含义不同。N2 评估情绪退缩，除社交外，尚包括个人事务或个人感兴趣的事，重在个人活动而非人际交往上，原因为不感兴趣；N4 评估淡漠、缺乏精力和缺乏意志，主要指社交活动的不参与，社会活动量的减少；G16 主要指因害怕、恐惧或敌对引起的社交减少，是主动回避，而非阴性症状表现。所以社交活动减少，先在 N4 打分，再就其原因分析，评 N2 或 G16。

N1 情感迟钝是指情感的非语言表达，不仅观察脸部表情，而且还有姿势动作，注意除外药物引起的锥体外系症状；N3 情感交流障碍是 PANSS 中唯一评定对会谈者态度的项目；N6 交谈缺乏自发性和流畅性主要指思维贫乏、或情感障碍、或意志障碍、或认知缺损引起的语言量减少。

焦虑与两项有关：G2 焦虑为焦虑的主观体验（包括与焦虑有关的躯体症状的主观体

验),若伴有躯体症状,则至少评4分或以上;G4紧张则聚焦于与会谈中观察到的焦虑有关的明显的躯体表现,包括运动性焦虑,注意排除药物所致EPS反应的影响。

冲动打人情况可与三个项目有关:P4兴奋,P7敌对性和G14冲动控制障碍。

G15先占观念是评定精神分裂症的自闭症状,如有自笑至少评5分。

只有N4主动回避社交和G16主动回避社交仅采用知情者的信息。

应进行有知情者参与的访谈:应由访谈者对知情者使用IQ-PANSS,以收集知情者的信息。知情者可为:日间活动或康复中心的员工或医院工作人员、家庭成员或与患者有重要且定期接触的其他人。知情者必须判断可靠。知情者资料中有关患者社会和行为功能的部分,对那些包括来自主要看护者或家人的报告在内作为评分依据的条目来说是必要的。同时需要患者资料和知情者资料的条目为P1、P3、P4、P5、P6、P7、N2、G5、G6、G7、G8、G14。有2个条目的评分只依据知情者资料:N4、G16。

参考文献

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2. 何燕玲,诸索宇,张明园译. 阳性与阴性症状量表(中文版)手册(内部出版物).

附 录 二

阳性和阴性症状量表的定式化临床检查

Structured Clinical Interview for the Positive and Negative Syndrome Scale (SCI-PANSS)

Data on "Lack of Spontaneity and Flow of Conversation" (N6), "Poor Ropport" (N3), and "Conceptual Disorganization" (P2)

关于"交谈缺乏自发性和流畅性"(N6),"情感交流障碍"(N3)和"概念紊乱"(P2)的资料

Hi, I'm... We're going to be spending the next 30 to 40 minutes talking about you and your reasons for being here. Maybe you can start out by telling me something about yourself background?

你好，我是……，在随后的30~40min里我们将谈及你的一些情况和你来这里的原因。也许你可以先谈谈关于你自己的一些情况。

(***Instruction to interviewer: Allow at least 5 minutes for a non-directive phrase serving to establish rapport in the context of an overview before proceeding to the specific questions listed below.***)

(给检查者的提示:在对下面所述的特殊问题进行检查之前,应该用至少5min的时间进行非定向的会谈,以期有个大致的框架,建立会谈关系。)

Data on “Anxiety” (G2)

关于“焦虑”(G2)的资料

1. Have you been feeling worried or nervous in the past week? ______
   在过去的1周内您是否感到担心或紧张不安？
   IF YES, skip to question 3. IF NO, continue.
   如果回答是，跳到问题3。如果回答否，继续。
2. Would you say that you're usually calm and relaxed? ______
   您是否认为您通常是平静而放松的？
   IF YES, skip to question 8. IF NO, continue.
   如果回答是，跳到问题8。如果回答否，继续。
3. What's been making you feel nervous (worried, not calm, not relaxed)? ______
   是什么使您感到紧张不安(担心、无法平静、无法放松)？
4. Just how nervous (worried, etc.) have you been feeling? ______
   您所感到的紧张不安(担心等)的程度如何？
5. Have you been shaking at times, or has your heart been racing? ______
   您是否时常出现颤抖，或者是心跳过快？
6. Do you get into a state of panic? ______
   您是否陷入惊恐的状态？
7. Has your sleep, eating, or participation in activities been affected? ______
   您的睡眠、饮食或对活动的参与是否受到了影响？

Data on “Delusions (General)” (P1) and “Unusual Thought Content” (G9)

关于“妄想(总体)”(P1)和“不寻常思维内容”(G9)的资料

8. Have things been going well for you? ______
   您的工作生活顺利吗？
9. Have anything been bothering you lately? ______
   最近有没有什么事情困扰着您？
10. Can you tell me something about your thoughts on life and its purpose? ______
    能不能跟我谈谈您对生活和生活目的的一些看法？
11. Do you follow a particular philosophy (any special rules, teachings, or religious doctrine)? ______
    您是否遵循某种特定的哲学观点(任何特殊的规则、学说、或宗教教义)？
12. Some people tell me they believe in the Devil; what do you think? ______
    有些人告诉我他们相信魔鬼；您对这一点怎么看的？
    IF NO (i.e., he/she doesn't believe in the Devil), skip to question 14.
    如果回答不(即他/她不相信魔鬼)，跳到问题14。
    IF YES (i.e., he/she does believe), continue.
    如果回答是(即他/她相信魔鬼)，继续。
13. Can you tell me about this? ______

您能谈得更具体一些吗？

14. Can you read other people's minds? ______
    您能读取别人的心思吗？
    IF NO, skip to question 16. IF YES, continue.
    如果回答不能，跳到问题 16。如果回答能，继续。
15. How does that work? ______
    那么您是通过什么方式做到这一点的？
16. Can others read your mind? ______
    其他人能看出您的心思吗？
    IF NO, skip to question 19. IF YES, continue.
    如果回答不能，跳到问题 19。如果回答能，继续。
17. How can they do that? ______
    他们如何做到这一点的？
18. Is there any reason that someone would want to read your mind? ______
    为什么有人想要读出您的心思？
19. Who controls your thoughts? ______
    谁控制着您的思想？

Data on "Suspiciousness/Persecution" (P6) and "Poor Impulse Control" (G14)

关于"猜疑、被害"(P6)和"冲动控制障碍"(G14)的资料

20. How do you spend your time these days? ______
    您这些天是怎样过的？
21. Do you prefer to be alone? ______
    您是否宁愿独自呆着？
22. Do you join in activities with others? ______
    您是否与他人一起参加活动？
    IF YES, skip to question 25. IF NO, continue.
    如果回答是，跳到问题 25。如果回答否，继续。
23. Why not? ... Are you afraid of people, or do you dislike them? ______
    为什么不参与？……您是否害怕他人，或者是您不喜欢他们？
    IF NO, skip to question 26. IF YES, continue.
    如果回答不，跳到问题 26。如果回答是，继续。
24. Can you explain? ______
    您能解释一下吗？
    Skip to question 26.
    跳到问题 26。
25. Tell me about it. ______
    跟我谈谈这方面的情况。
26. Do you have many friends? ______

您是否有许多朋友？

IF YES, skip to question 30. IF NO, continue.

如果回答是，跳到问题 30。如果回答否，继续。

27. Just a few? ______

几个朋友有吗？

IF YES, skip to question 29. IF NO, continue.

如果回答是，跳到问题 29。如果回答否，继续。

28. Any ... Why? ______

一个朋友有吗？……为什么？

Skip to question 32.

跳到问题 32。

29. Why just a few friends? ______

为什么只有几个朋友？

30. Close friends? ______

是亲密的朋友？

IF YES, skip to question 32. IF NO, continue.

如果回答是，跳到问题 32。如果回答否，继续。

31. Why not? ______

为什么不是？

32. Do you feel that you can trust most people? ______

您是否觉得能够信任大多数人？

IF YES, skip to question 34. IF NO, continue.

如果回答是，跳到问题 34。如果回答否，继续。

33. Why not? ______

为什么不能？

34. Are there some people in particular who you don't trust? ______

您是否感到有那么一些人是您不能信任的？

IF NO to question 34 and YES to question 32, skip to question 41.

如果问题 34 回答否，问题 32 回答是，跳到问题 41。

IF NO to question 34 and NO to question 32, skip to question 36.

如果问题 34 回答否，问题 32 回答否，跳到问题 36。

IF YES to question 34, continue.

如果问题 34 回答是，继续。

35. Can you tell me who they are? ______

您能不能告诉我他们是什么人？

36. Why don't you trust people (or name specific person)? ______

您为什么不信任人(或说出某某人的名字)？

IF "DON'T KNOW" OR "DON'T WANT TO SAY," continue. Otherwise, skip to question 41.

如果回答“不知道”或“不想说”，继续。否则，跳到问题 41。

37. Do you have a good reason not to trust ...? ______
    您是否有恰当的理由不信任……？
38. Is there something that ... did to you? ______
    是否有什么东西……影响您？
39. Perhaps something that ... might do to you now? ______
    也许某些东西……现在正在影响您吧？
    IF NO, skip to question 41. IF YES, continue.
    如果回答没有，跳到问题 41。如果回答是，继续。
40. Can you explain to me? ______
    能够给我解释一下吗？
41. Do you get along well with others? ______
    您和其他人相处得好吗？
    IF YES, skip to question 43. IF NO, continue.
    如果回答好，跳到问题 43。如果回答不好，继续。
42. What's the problem? ______
    存在什么问题吗？
43. Do you have a quick temper? ______
    您是否是急脾气？
44. Do you get into fights? ______
    您是否和别人发生冲突？
    IF NO, skip to question 48. IF YES, continue.
    如果回答不，跳到问题 48。如果回答是，继续。
45. How do these fights start? ______
    这些冲突是怎么开始的？
46. Tell me about these fights. ______
    和我谈谈这些冲突的情况。
47. How often does this happen? ______
    这些冲突发生的频率如何？
48. Do you sometimes lose control of yourself? ______
    您是否在某些时候不能控制自己？
    IF NO, skip to question 50. IF YES, continue.
    如果回答不是，跳到问题 50。如果回答是，继续。
49. What happens when you lose control of yourself? ______
    在您不能控制自己时会发生什么？
50. Do you like most people? ______
    您是否喜欢大多数人？
    IF YES, skip to question 52. IF NO, continue.
    如果回答是，跳到问题 52。如果回答不是，继续。

51. Why not? ______
为什么不喜欢？
52. Are there perhaps some people who don't like you? ______
是否可能有些人不喜欢您？
IF NO, skip to question 54. IF YES, continue.
如果回答不，跳到问题 54。如果回答是，继续。
53. For what reason? ______
为什么不喜欢您？
54. Do others talk about you behind your back? ______
是否有人背地里议论您？
IF NO, skip to question 57. IF YES, continue.
如果回答没有，跳到问题 57。如果回答有，继续。
55. What do they say about you? ______
他们议论您什么？
56. Why? ______
为什么议论您？
57. Does anyone ever spy on you or plot against you? ______
是否有人窥探您或者阴谋陷害您？
58. Do you sometimes feel in danger? ______
您是否有时感到处于危险中？
IF NO, skip to question 64. IF YES, continue.
如果回答不，跳到问题 64。如果回答是，继续。
59. Would you say that your life is in danger? ______
您是否会说您的生命处于危险中？
60. Is someone thinking of harming you or even perhaps thinking of killing you? ______
是否有人想伤害您或者甚至可能想杀害您？
61. Have you gone to the police for help? ______
您是否曾到警察那里寻求帮助？
62. Do you sometimes take matters into your own hands or take action against those who might harm you? ______
您是否有时将事情置于您的掌握之中或者对那些可能伤害您的人采取行动？
IF NO, skip to question 64. IF YES, continue.
如果回答不，跳到问题 64。如果回答是，继续。
63. What have you done? ______
您是怎么做的？

Data on "Hallucinatory Behavior"（P3）and associated delusions
关于"幻觉性行为"(P3)和相关妄想的资料

64. Do you once in a while have strange or unusual experiences? ______

您是否曾经出现过奇怪的或不寻常的体验？

65. Sometimes people tell me that they can hear noises or voices inside their head that others can't hear. What about you? ______
有人告诉我他们可以在自己的头脑内听到其他人听不到的噪声或声音。您有这种感觉吗？
IF YES, skip to question 68. IF NO, continue.
如果回答有，跳到问题 68。如果回答没有，继续。

66. Do you sometimes receive personal communications from the radio or TV? ______
您是否有时候能从广播或电视中收到个别交流信息？
IF YES, skip to question 68. IF NO, continue.
如果回答是，跳到问题 68。如果回答没有，继续。

67. From God or the Devil? ______
从上帝或者魔鬼那里呢？
IF NO, skip to question 83. IF YES, continue.
如果回答没有，跳到问题 83。如果回答有，继续。

68. What do you hear? ______
您听到了些什么？

69. Are these as clear and loud as my voice? ______
这些声音是否和我的声音一样清晰响亮？

70. How often do you hear these voices, noises, messages, etc.? ______
您听到这些声音、噪声、信息等的频率如何？

71. Does this happen at a particular time of day or all the time? ______
这些声音出现在 1d 中的特定时段还是整天都有？
IF HEARING NOISES ONLY, skip to question 80. IF HEARING VOICES, continue.
如果只听见噪声，跳到问题 80。如果听见说话声音，继续。

72. Can you recognize whose voices these are? ______
您能不能辨别出这些是谁的声音？

73. What do the voices say? ______
声音说什么？

74. Are the voices good or bad? ______
声音是好的还是坏的？

75. Pleasant or unpleasant? ______
是令人愉快的还是令人不快的？

76. Do the voices interrupt your thinking or your activities? ______
声音是否干扰了您的思想或活动？

77. Do they sometimes give you orders or instructions? ______
他们有时给您命令或指示吗？
IF NO, skip to question 80. IF YES, continue.
如果回答不，跳到问题 80。如果回答是，继续。

78. For example? ______
    请举个例子。
79. Do you usually obey these orders (instructions)? ______
    您一般来说是否遵从这些命令(指示)?
80. What do you make of these voices (or noises); where do they really come from? ______
    您如何解释这些声音(或噪声);它们实际上是从哪里来的?
81. Why do you have these experiences? ______
    为什么您会有这些体验?
82. Are these normal experiences? ______
    这些体验是正常的吗?
83. Do ordinary things sometimes look strange or distorted to you? ______
    您是否发现有时候普通的东西看起来变得奇特或扭曲?
84. Do you sometimes have "visions" or see things that others can't see? ______
    您是否有时具有他人没有的"视觉"或看到他人看不到的东西?
    IF NO, skip to question 88. IF YES, continue.
    如果回答不,跳到问题 88。如果回答是,继续。
85. For example? ______
    请举例。
86. Do these visions seem very real or life-like? ______
    这些视觉是否看起来非常真实或者生动?
87. How often do you have these experiences? ______
    这些体验出现的频率如何?
88. Do you sometimes smell things that are unusual or that others don't smell? ______
    您是否有时能够闻到一些不寻常的或者是他人闻不到的气味?
    IF NO, skip to question 90. IF YES, continue.
    如果回答不,跳到问题 90。如果回答是,继续。
89. Please explain. ______
    请解释。
90. Do you get any strange or unusual sensations from your body? ______
    您是否有来自您身体的奇怪的或者是不寻常的感觉?
    IF NO, skip to question 92. IF YES, continue.
    如果回答不,跳到问题 92。如果回答是,继续。
91. Tell me about this. ______
    跟我讲讲这种感觉。

Data on "Somatic Concern" (G1)
关于"关注身体健康"(G1)的资料

92. How have you been feeling in terms of your health? ______
    您感到您的健康情况如何?

IF OTHER THAN "GOOD," skip to question 94. IF "GOOD," continue.
如果不是回答"好",跳到问题 94。如果回答"好",继续。

93. Do you consider yourself to be in top health? ______
您是否认为您的健康正处于最好状态?

IF YES, skip to question 95. IF NO, continue.
如果回答是,跳到问题 95。如果回答不是,继续。

94. What has been troubling you? ______
是什么正在烦扰您?

95. Do you have any medical illness or disease? ______
您患有任何躯体疾病吗?

96. Has any part of your body been troubling you? ______
您身体的某个部位是否正烦扰着您?

IF YES, skip to question 98. IF NO, continue.
如果回答是,跳到问题 98。如果回答不是,继续。

97. How is your head? Your heart? Stomach? The rest of your body? ______
您的头部如何?您的心脏呢?胃呢?身体的其他部位呢?

98. Could you explain? ______
您能够解释吗?

99. Has your head or body changed in shape or size? ______
您的头部或躯体是否发生了外形或大小的改变?

IF NO, skip to question 102. IF YES, continue.
如果回答否,跳到问题 102。如果回答是,继续。

100. Please explain. ______
请解释。

101. What is causing these changes? ______
是什么导致了这些变化?

Data on "Depression"(G6)
关于"抑郁"(G6)的资料

102. How has your mood been in the past week: mostly good, mostly bad? ______
您过去 1 周的心情如何:大部分时间好,或大部分时间不好?

IF "MOSTLY BAD," skip to question 104. IF "MOSTLY GOOD," continue.
如果回答"大部分时间不好",跳到问题 104。如果回答"大部分时间好",继续。

103. Have there been times in the past week when you were feeling sad or unhappy? ______
过去 1 周中您是否曾经感到忧伤或不愉快?

IF NO, skip to question 114. IF YES, continue.
如果回答不,跳到问题 114。如果回答是,继续。

104. Is there something in particular that is making you sad? ______
有什么特殊的事情使您忧伤?

105. How often do you feel sad? ______
您感到悲伤的频率如何？

106. Just how sad have you been feeling? ______
您有多悲伤？

107. Have you been crying lately? ______
您最近有没有哭过？

108. Has your mood in any way affected your sleep? ______
您的心情是否以某种形式影响了您的睡眠？

109. Has it affected your appetite? ______
它影响了您的食欲吗？

110. Do you participate less in activities on account of your mood? ______
您的心情是否导致您参加的活动减少了？

111. Have you had any thoughts of harming yourself? ______
您是否有任何伤害自己的想法？
IF NO, skip to question 114. IF YES, continue.
如果回答没有，跳到问题 114。如果回答有，继续。

112. Any thoughts about ending your life? ______
有没有任何想结束自己生命的想法？
IF NO, skip to question 114. IF YES, continue.
如果回答没有，跳到问题 114。如果回答有，继续。

113. Have you attempted suicide? ______
您是否曾经尝试过自杀？

Data on "Guilt Feelings"（G3）and "Grandiosity"（P5）

关于"自罪感"(G3)和"夸大"(P5)的资料

114. If you were to compare yourself to the average person, how would you come out: a little better, maybe a little worse, or about the same? ______
如果您将自己和一般人进行比较，您的结论如何：好一些，可能差一些，或是差不多？
IF "BETTER," skip to question 117.
如果回答"好一些"，跳到问题 117。
IF "ABOUT THE SAME," skip to question 118.
如果回答"差不多"，跳到问题 118。
IF "WORSE," continue.
如果回答"差一些"，继续。

115. Worse in what ways? ______
在哪些方面差一些？

116. Just how do you feel about yourself? ______
您对自己的感觉如何？
Skip to question 120.

跳到问题 120。

117. Better in what ways? ______
    在哪些方面好一些？
    Skip to question 120.
    跳到问题 120。

118. Are you special in some ways? ______
    您是否在某些方面很特别？
    IF NO, skip to question 120. IF YES, continue.
    如果回答不，跳到问题 120。**如果回答是，继续**。

119. In what ways? ______
    在哪些方面？

120. Would you consider yourself gifted? ______
    您认为您自己具有天赋吗？

121. Do you have talents or abilities that most people don't have? ______
    您是否具有大多数人没有的天才或能力？
    IF NO, skip to question 123. IF YES, continue.
    如果回答不，跳到问题 123。**如果回答是，继续**。

122. Please explain. ______
    请解释。

123. Do you have any special powers? ______
    您是否具有特殊的力量？
    IF NO, skip to question 126. IF YES, continue.
    如果回答不，跳到问题 126。**如果回答是，继续**。

124. What are these? ______
    它们是什么？

125. Where do these powers come from? ______
    这些力量是从哪里来的？

126. Do you have extrasensory perception (ESP), or can you read other people's minds?
    ______
    您是否具有超感官知觉（ESP），或者您能读取别人的心思吗？

127. Are you very weathy? ______
    您是否非常富有？
    IF NO, skip to question 129. IF YES, continue.
    如果回答不，跳到问题 129。**如果回答是，继续**。

128. Please explain. ______
    请解释。

129. Can you be considered to be very bright? ______
    别人是否认为您名声显赫？
    IF NO, skip to question 131. IF YES, continue.

如果回答不,跳到问题 131。如果回答是,继续。

130. Why would you say so? ______
    您为什么这么说?
131. Would you describe yourself as famous? ______
    您会认为自己很著名吗?
132. Would some people recognize you from TV, radio, or the newspaper? ______
    有人会从电视、广播或报纸认出您来吗?

    IF NO, skip to question 134. IF YES, continue.
    如果回答不,跳到问题 134。如果回答有,继续。
133. Can you tell me about it? ______
    您能给我讲讲这方面的事吗?
134. Are you a religious person? ______
    您是教徒吗?

    IF NO, skip to question 140. IF YES, continue.
    如果回答不是,跳到问题 140。如果回答是,继续。
135. Are you close to God? ______
    您是否离上帝(或菩萨)很近?

    IF NO, skip to question 140. IF YES, continue.
    如果回答不,跳到问题 140。如果回答是,继续。
136. Did God assign you some special role or purpose? ______
    上帝(或菩萨)是否给您指派了特殊的任务或目的?
137. Can you be one of God's messengers or angels? ______
    您是否可能是上帝(或菩萨)的使者或天使之一?

    IF NO, skip to question 139. IF YES, continue.
    如果回答不,跳到问题 139。如果回答是,继续。
138. What special powers do you have as God's messenger (angel)? ______
    您作为上帝(或菩萨)的使者(天使)具有什么特殊的力量?
139. Do you perhaps consider yourself to be God? ______
    也许您认为自己就是上帝(或菩萨)?
140. Do you have some special mission in life? ______
    您的生命中是否有什么特殊的使命?

    IF NO, skip to question 143. IF YES, continue.
    如果回答没有,跳到问题 143。如果回答有,继续。
141. What is your mission? ______
    什么是您的使命?
142. Who assigned you to that mission? ______
    是谁给了您这个使命?
143. Did you ever do something wrong — something you feel bad or guilty about? ______
    您曾经做过什么错事——某些令您觉得不好或感到内疚的事情?

IF NO, skip to question 149. IF YES, continue.
如果回答没有，跳到问题 149。如果回答有，继续。

144. Just how much does that bother you now? ______
现在这些事情烦扰您的程度如何？

145. Do you feel that you deserve punishment for that? ______
您是否认为您应该为这些事情接受惩罚？
IF NO, skip to question 149. IF YES, continue.
如果回答不，跳到问题 149。如果回答是，继续。

146. What kind of punishment would you deserve? ______
您应该接受什么样的惩罚？

147. Have you at times thought of punishing youself? ______
您是否常常出现惩罚自己的想法？
IF NO, skip to question 149. IF YES, continue.
如果回答没有，跳到问题 149。如果回答有，继续。

148. Have you ever acted on those thoughts of punishing youself? ______
您是否曾经按照那些惩罚自己的想法采取行动？

Data on "Disorientation"（G10）
关于"定向障碍"(G10)的资料

149. Can you tell me today's date (i.e., the day, month, and year)? ______
您能告诉我今天的日期(即年、月、日)吗？
IF YES, skip to question 151. IF NO, continue.
如果回答能，跳到问题 151。如果回答不能，继续。

150. Can you tell me what day of the week it is? ______
您能告诉我今天是星期几吗？

151. What is the name of the place that you are in now? ______
您现在所在的地方叫什么名称？
IF NOT HOSPITALIZED, skip to question 154. IF HOSPITALIZED, continue.
如果未住院，跳到问题 154。如果住院，继续。

152. What ward are you on? ______
您住在什么病房？

153. What is the address of where you're now staying? ______
您现在所在地方的地址是什么？
IF ABLE TO TELL, skip to question 155. IF NOT ABLE TO TELL, continue.
如果讲得出，跳到问题 155。如果讲不出，继续。

154. Can you tell me your home address? ______
您能告诉我您的家庭住址吗？
IF NOT HOSPITALIZED, skip to question 156. IF HOSPITALIZED, continue.
如果未住院，跳到问题 156。如果住院，继续。

155. If someone had to reach you by phone, what number would that person call? ______
假如有人要打电话找您，那么他应该打什么号码？
156. If someone had to reach you at home, what number would that person call? ______
假如有人要在您家中找您，那么他应该打什么号码？
157. What is the name of the doctor who is treating you? ______
给您治疗的医生叫什么名字？
IF NOT HOSPITALIZED, skip to question 159. IF HOSPITALIZED, continue.
如果未住院，跳到问题 159。如果住院，继续。
158. Can you tell me who else is on the staff and what they do? ______
您还能告诉我哪个工作人员的名字以及他们做什么工作？
159. Do you know who is currently the president (prime minister, etc.)? ______
您知道现任的国家主席（总统、首相等）是谁吗？
160. Who is our governor (premier, etc.)? ______
谁是我们的政府领导人（总理等）？
161. Who is the mayor (town supervisor, etc.) of this city (town, etc.)? ______
谁是本市的市长（或本镇的镇长等）？

Data on "Difficulty in Abstract Thinking" (N5)
关于"抽象思维困难"(N5)的资料

I'm going to now say a pair of words, and I'd like you to tell me in what important way they're alike. Let's start, for example, with the words "apple" and "banana." How are they alike — what do they have in commen? **IF THE RESPONSE IS THAT "THEY'RE BOTH FRUIT", THEN SAY:** Good. Now what about ...? (*Select three other items from the Similarities list at varying levels of difficulty from Appendix A.*)

下面我要说出一对词，请您告诉我它们有什么主要的共同点。现在开始，例如，"苹果"和"香蕉"，它们有什么相似处——它们有什么共同的地方？如果回答是"它们都是水果"，然后你说：很好，那么……和……呢？（*从附录 A 相似性列表中另选 3 组难度不同的条目。*）

IF AN ANSWER IS GIVEN THAT IS CONCRETE, TANGENTIAL, OR IDIOSYNCRATIC (E.G., "THEY BOTH HAVE SKINS," "YOU CAN EAT THEM," "THEY'RE SMALL," OR "MONKEYS LIKE THEM"), THEN SAY: OK, but they're both fruit. Now how about ... and ...: how are these alike? (*Select three other items from the Similarities list at varying levels of difficulty from Appendix A.*)

如果给出的回答是具体化的、离题的或特质性的（如"它们都有皮"，"你可以吃"，"它们是小的"，或"猴子喜欢它们"），然后你说：好的，但是它们都是水果。现在请告诉我……和……：它们有何共同点？（*从附录 A 相似性列表中另选 3 组难度不同的条目。*）

APPENDIX A
附录 A

Items for Similarities in the evaluation of "Difficulty in Abstract Thinking"
评估"抽象思维困难"的相似性条目

Circle the Similarities Used

1. How are a ball and an orange alike?
   皮球和橘子有何相似处？
2. Apple and banana?
   苹果和香蕉呢？
3. Pencil and pen?
   铅笔和钢笔呢？
4. Nickel and dime?
   分和角呢？

____

5. Table and chair?
   桌子和椅子呢？
6. Tiger and elephant?
   老虎和大象呢？
7. Hat and shirt?
   帽子和衬衫呢？
8. Bus and train?
   汽车和火车呢？

____

9. Arm and leg?
   手臂和大腿呢？
10. Rose and tulip?
    玫瑰和郁金香呢？
11. Uncle and cousin?
    叔叔和堂兄呢？
12. The sun and the moon?
    太阳和月亮呢？

____

13. Painting and poem?
    油画和诗歌呢？
14. Hilltop and valley?
    山峰和山谷呢？
15. Air and water?
    空气和水呢？
16. Peace and prosperity?
    和平和繁荣呢？

Note on Appendix A: Similarities are generally assessed by sampling four items at different levels of difficulty (i.e., one item selected from each quarter of the full set). When using the PANSS longitudinally, items should be systematically altered with successive interviews so as to provide different selections from the various levels of difficulty and thus minimize repetition.

*附录 A 注释：*相似性一般选取 4 个不同难度的条目进行评估（即共有 4 组，每组选 1 个条目）。当纵向使用 PANSS 时，条目应当随着连续的检查而有规则地变换，这样便于提供多种难度水平的不同选择，从而减少重复。

Notes on Similarities responses:
相似性回答的记录：

____

____

____

____

You've probably heard the expression, "Carrying a chip on the shoulder." What does that really mean? There's a very old saying, "Don't judge a book by its cover." What is the deeper meaning of this proverb? (*Select two other proverbs from the list at varying levels of difficulty in Appendix B.*)
您很可能听说过谚语"开门见山"，它的真正含义是什么？有一句老话叫"黄鼠狼给鸡拜年"，这句谚语的深层含义是什么？(*从附录 B 的不同难度组中另选 2 条谚语。*)

APPENDIX B
附录 B
Items for assessing PROVERB INTERPRETATION in the evaluation of "Difficulty in Abstract Thinking"
评估"抽象思维困难"中谚语解释的条目

What does the saying mean:
以下说法的含义是什么：

1. "Plain as the nose on your face"
   "开门见山"
2. "Carrying a chip on your shoulder"
   "画龙点睛"
3. "Two heads are better than one"
   "泥菩萨过江"
4. "Too many cooks spoil the broth"
   "青出于蓝而胜于蓝"

____

5. "Don't judge a book by its cover"
   "种瓜得瓜,种豆得豆"
6. "One man's food is another man's poison"
   "黄鼠狼给鸡拜年"
7. "All that glitters is not gold"
   "猫哭老鼠"
8. "Don't cross the bridge until you come to it"
   "对牛弹琴"

____

9. "What's good for the goose is good for the gander"
   "此地无银三百两"
10. "The grass always looks greener on the other side"
    "摸石子过河"
11. "Don't keep all your eggs in one basket"
    "挂羊头卖狗肉"
12. "One swallow does not make a summer"
    "一箭双雕"

____

13. "A stitch in time saves nine"
    "磨刀不误砍柴工"
14. "A rolling stone gathers no moss"
    "路遥知马力"
15. "The acorn never falls far from the tree"
    "亡羊补牢"
16. "People who live in glass houses should not throw stones at others"
    "画蛇添足"

Circle the Similarities Used

Note on Appendix B: Proverb interpretation is generally assessed by sampling four items at different levels of difficulty (i.e., one item selected from each quarter of the full set). When using the PANSS longitudinally, items should be systematically altered with successive interviews so as to provide different selections from the various levels of difficulty and thus minimize repetition.

附录 B 注释:谚语解释一般选取 4 个不同难度的条目进行评估(即共有 4 组,每组选 1 个条目)。当纵向使用 PANSS 时,条目应当随着连续的检查而有规则地变换,这样便于提供多种难度水平的不同选择,从而减少重复。

Notes on Proverb responses:
谚语回答的记录:

____

____

____

____

Data on "Lack of Judgment and Insight" (G12)
关于"判断和自知力缺乏"(G12)的资料

162. How long have you been in the hospital (clinic, etc.)? ______
您在这里住院(看门诊等)多久了?

163. Why did you come to the hospital (clinic, etc.)? ______
您为何来住院(看门诊等)?

164. Did you need to be in a hospital (clinic, etc.)? ______
您需要住院(看门诊等)吗?

IF YES, skip to question 167. IF NO, continue.
如果回答是,跳到问题 167。如果回答否,继续。

165. Did you have a problem that needed treatment? ______
您有什么问题需要治疗吗?

IF NO, skip to question 169. IF YES, continue.
如果回答没有,跳到问题 169。如果回答有,继续。

166. Would you say that you had a psychiatric or mental problem? ______
您会说您有精神病或精神方面的问题吗?

IF NO, skip to question 169. IF YES, continue.
如果回答否,跳到问题 169。如果回答是,继续。

167. Why? ...would you say that you had a psychiatric or mental problem? ______
为什么?……您说您有精神病或精神方面的问题?

IF NO, skip to question 169. IF YES, continue.
如果回答否,跳到问题 169。如果回答是,继续。

168. Can you tell me about it and what it consisted of? ______
能否告诉我这方面的情况以及有哪些问题?

169. In your own opinion, do you need to be taking medicine? ______
依您的意见,您是否需要服药?

IF YES, skip to question 171.
如果回答是,跳到问题 171。
IF NO and unmedicated, skip to question 172.
如果回答不,而且未服药,跳到问题 172。
IF NO and medicated, continue.
如果回答不,但是在服药,继续。

170. Why then are you taking medicines? ______
那您为什么服药?

Skip to question 172.
跳到问题 172。

171. Why? ... Does the medicine help you in any way? ______
为什么?……药物在某些方面对您有帮助吗?

172. Do you at this time have any psychiatric or mental problems? ______
 此刻您是否有精神病或精神方面的问题?
 IF YES, skip to question 174. IF NO, continue.
 如果回答是,跳到问题174。如果回答不,继续。
173. For what reason are you at the hospital (clinic, etc.)? ______
 那您为什么原因而住院(看门诊等)?
 Skip to question 175.
 跳到问题175。
174. Please explain. ______
 请解释。
175. Just how serious are these problems? ______
 这些问题有多严重?
 IF UNHOSPITALIZED, skip to question 178.
 如果没有住院,跳到问题178。
 IF HOSPITALIZED, continue.
 如果住院,继续。
176. Are you ready yet for discharge from the hospital? ______
 您准备好出院了吗?
177. Do you think you'll be taking medicine for your problems after discharge? ______
 您认为出院以后您会继续服药治疗您的问题吗?
178. What are your future plans? ______
 您对将来的打算是什么?
179. What about your longer-range goals? ______
 您较长远一点的目标呢?

Well, that's about all I have to ask of you now. Are there any questions that you might like to ask of me? Thank you for your cooperation.
好了,现在我的问题都问完了,您有没有什么问题想问我的?谢谢您的合作。

参考文献

Stanley RK, Lewis AO. Structured clinical interview for th positive and negative syndrome scale (SCI-PANSS). 1988 (Copyright © 1992, 1999. Muti-Health Systems Inc).

附录三

阳性和阴性症状量表的知情者调查问卷

Informant Questionnaire for the Positive and Negative Syndrome Scale (IQ-PANSS)

Patient's Name:______________________ Patient #:______________
患者姓名 患者编号

Behavioral Observation Dates:　From:____/____/______　To:____/____/______
mm　dd　yyyy　mm　dd　yyyy
行为观察日期　从　月　日　年　至　月　日　年

Informant:________________________________　PANSS Rater:____________________
知情者　PANSS 评定者

Current medication(s) and dose(s):____
目前用药和剂量

DIRECTIONS 说明

Please indicate, by putting a checkmark in the space provided, the patient's behavior for the following PANSS items. ***Limit your observations*** to the patient's behaviors that have been evident during the week immediately preceding the PANSS interview (unless another period of time has been specified). Please pay particular attention to words and/or phrases that appear in boldface print. Please specify observed behaviors for each symptom that is rated as being present. As an example, if a patient has been delusional during the past week or other specified period, list the patient's specific delusion. If he or she has exhibited several delusions, list each one. You may document these behaviors at the bottom of each item in the space provided. Should you require additional space for comments, they may be written on the last page of this booklet. Be sure to indicate the PANSS item to which you are referring by number (e.g., P1, N5, G3).

请在所提供的空白处打钩,说明与以下 PANSS 条目相对应的患者的行为。*将您的观察限制*在 PANSS 访谈之前 1 周内(除非已规定另外的时间段)已显明的患者行为。请特别注意黑体的单词和(或)词组。请就评定为存在的各项症状列出观察到的行为。例如,如果患者在过去的 1 周或其他指定时间内有妄想症状,请列出患者的具体妄想症状。如果他(或她)表现出多种妄想症状,请列出每一种症状。您可在每个条目下方提供的空白处记录这些行为。如果您的评述需要额外的空白处,可写在本手册的最后一页。请务必按照编号(例如 P1、N5、G3)来说明您所指的 PANSS 条目。

In choosing the option that most closely reflects the patient's bebavior during this past week (unless another period of time has been specified), please note that choosing "**Questionable pathology**" means that, while the symptom was present (i.e., the symptom definition applies), it was not present to the degree that any of the other statements could be checked "Yes."

在选择最能反映患者过去 1 周(除非已规定另外的时间段)内的行为的选项时,请注意,选择"*症状可疑*"即意味着,虽然该症状存在(即症状定义适用),但没有达到任何其他陈述均可选择"是"的程度。

TO THE PANSS RATER 致 PANSS 评定者

The IQ-PANSS has been designed to streamline the process by which informant information is obtained. Please be aware that only those 14 PANSS items that require informant informa-

tion are included in the IQ-PANSS.
IQ-PANSS 旨在简化据以获得知情者信息的流程。请注意 IQ-PANSS 只包括需要知情者信息的 14 个 PANSS 条目。
While two PANSS items, Passive/apathetic social withdrawal (N4) and Active social avoidance (G16), are scored exclusively based on information obtained from staff members and/or significant others, informantion reported on the other items included within the IQ-PANSS is to be used in conjunction with data obtained during the Structured Clinical Interview for the PANSS (SCI-PANSS) in arriving at your PANSS ratings. You should contact the IQ-PANSS informant whenever further elaboration and/ or clarification of any information is necessary.
虽然被动、淡漠、社交退缩(N4)和主动回避社交(G16)这两项 PANSS 项目是专门根据员工和(或)其他重要人士提供的信息评分,但对 IQ-PANSS 内其他条目的报告信息将与阳性和阴性症状量表的定式化临床检查(SCI-PANSS)期间获得的数据一起使用,以得出您的 PANSS 评分。无论何时需要进一步详尽阐述和(或)澄清任何信息,您都应联系 IQ-PANSS 知情者。

P1 DELUSIONS. 妄想。
BELIEFS WHICH ARE UNFOUNDED, UNREALISTIC, AND IDIOSYNCRATIC 无事实根据、与现实不符、特异的信念。
1 Symptom is absent 症状不存在 ______
2 Questionable pathology; may be at the upper extreme of normal limits 症状可疑,可能是正常范围的上限 ______
3 Are there one or two vague, uncrystallized delusions that are not tenaciously held? 是否存在一个或两个模糊的、不具体的、并非顽固坚持的妄想?
Yes 是 ______ No 否 ______
Do delusions interfere with thinking, social relations, or behavior? 妄想妨碍思考、社交关系或行为吗?
4 Is there an array of poorly formed, unstable delusions ***or a few*** well-formed delusions that ***occasionally*** interfere with thinking, social relations, ***or*** behavior? 是否存在一个未完全成形的、不稳定的妄想组合,***或几个***完全成形的妄想,***偶尔***妨碍思考、社交关系***或***行为?
Yes 是 ______ No 否 ______
5 Are there ***numerous*** well-formed delusions that ***occasionally*** interfere with thinking, social relations, ***or*** behavior? 是否有***许多***完全成形的妄想,***偶尔***妨碍思考、社交关系***或***行为?
Yes 是 ______ No 否 ______
6 Is there a ***stable*** set of delusions that are crystallized, possibly systematized, tenaciously held, ***and*** clearly interfere with thinking, social relations, ***and*** behavior? 是否有一整套***稳定的***、具体的妄想,可能系统化,顽固坚持,***且***明显妨碍思考、社交关系***和***行为?
Yes 是 ______ No 否 ______
7 Is there a stable set of delusions that are ***either*** highly systematized ***or*** very numerous and

that ***dominate*** major facets of the patient's life? If so, do these delusions ***frequently*** result in inappropriate and irresponsible action, which may jeopardize the safety of the patient or others? 是否有一整套高度系统化**或**数量众多的稳定的妄想，并***支配***患者生活的主要方面？如果是，这些妄想是否会***经常***引起不恰当的和不负责任的行为，可能因此危及患者或他人的安全？

Yes 是 ______　No 否 ______

Observed behaviors: 观察到的行为：

____

____

____

____

____

P3　HALLUCINATORY BEHAVIOR. 幻觉性行为。

VERBAL REPORT OR BEHAVIOR INDICATING PERCEPTIONS THAT ARE NOT GENERATED BY EXTERNAL STIMULI. THEY MAY BE AUDITORY, VISIUAL, OLFACTORY, OR SOMATIC 语言表达或行为表明存在非外部刺激引起的知觉，这些知觉可能为听觉、视觉、嗅觉或躯体感觉。

1　Symptom is absent 症状不存在 ______

2　Questionable pathology; may be at the upper extreme of normal limits 症状可疑，可能是正常范围的上限 ______

3　Are there one or two clearly formed but ***infrequent*** hallucinations ***or*** a number of vague abnormal perceptions that ***have not*** resulted in distortions of thinking or behavior? 是否有一种或两种清晰但***不经常出现***的幻觉，**或**若干模糊异常的知觉，***尚未***引起思维或行为的失常？

Yes 是 ______　No 否 ______

4　Have hallucinations occurred frequently ***but not*** continuously with the patient's thinking and behavior being affected only to ***a minor*** extent? 幻觉是否频繁***但并不***持续出现，患者的思维和行为仅受到***轻微***影响？

Yes 是 ______　No 否 ______

5　Have hallucinations occurred frequently ***and*** distorted thinking ***and/or*** distorted behavior? 幻觉是否频繁出现，***并***致思维***和(或)***行为的失常？

Yes 是 ______　No 否 ______

Have hallucinations occurred in more than one sensory modality? 幻觉是否以一种以上感觉形态出现？

Yes 是 ______　No 否 ______

Has the patient exhibited delusional interpretation of his/her hallucinatory experiences ***and*** responded to them emotionally (e.g., laughter, anger) ***and***, on occasion, verbally as well? 患者是否对其幻觉体验给予妄想性的解释，***并***出现情绪反应(例如大笑、发怒)，

且偶尔出现语言反应？

Yes 是 ______ No 否 ______

6 Have hallucinations occurred ***almost continuously***, causing a ***major*** disruption of the patient's thinking ***and*** behavior? 幻觉是否**几乎持续**发生，以致**严重**损害患者的思维**和**行为？

Yes 是 ______ No 否 ______

Does the patient treat these hallucinations as real perceptions with his/her functioning being impeded by frequent emotional ***and*** verbal responses to them? 患者是否对这些幻觉信以为真，频繁的情绪**和**语言反应导致其功能障碍？

Yes 是 ______ No 否 ______

7 Has the patient been ***almost totally*** preoccupied by hallucinations that ***virtually dominate*** thinking ***and*** behavior? **实质上支配**患者的思维**和**行为的幻觉，是否**几乎完全**占据其思想？

Yes 是 ______ No 否 ______

Does the patient have a rigid delusional interpretation of this/these hallucination(s) that provokes verbal ***and*** behavioral responses, ***including*** obedience to command hallucinations? 患者是否对这个(或这些)幻觉赋予固定的妄想性解释，并引起言语**和**行为上的反应，**包括**对命令性幻听的服从？

Yes 是 ______ No 否 ______

Observed behaviors: 观察到的行为：

____

____

____

____

____

P4 EXCITEMENT. 兴奋。

HYPERACTIVITY AS REFLECTED IN ACCELERATED MOTOR BEHAVIOR, HEIGHTENED RESPONSIVITY TO STIMULI, HYPERVIGILANCE, OR EXCESSIVE MOOD LABILITY 活动过度，表现在动作行为加速，对刺激的反应增强，高度警觉或过度的情绪不稳。

1 Symptom is absent 症状不存在 ______

2 Questionable pathology; may be at the upper extreme of normal limits 症状可疑，可能是正常范围的上限 ______

3 Has the patient's speech been slightly pressured? 患者言谈是否一直有轻微的紧迫感？

Yes 是 ______ No 否 ______

4 Has the patient exhibited episodic outbursts? 患者是否一直表现出短暂的爆发？

Yes 是 ______ No 否 ______

5 Have you observed significant hyperactivity ***or*** frequent outbursts of motor activity by the patient?您是否观察到患者明显的活动过度**或**频繁的动作行为爆发？

Yes 是 ______ No 否 ______

Is it difficult for the patient to sit still for longer than several minutes at a time? 患者是否很难一次保持坐姿超过数分钟？

Yes 是 ______ No 否 ______

6 Does marked excitement limit the patient's attention ***and*** affect personal functions such as eating and sleeping? 明显的兴奋是否阻碍患者的注意力***并***影响个人功能诸如饮食和睡眠？

Yes 是 ______ No 否 ______

7 Does marked excitement ***seriously*** interfere with eating and sleeping and make interpersonal interactions virtually impossible? 明显的兴奋是否***严重***妨碍饮食和睡眠，并使得人际交往实际上变得不可能？

Yes 是 ______ No 否 ______

Does accelerated speech and motor activity result in incoherence ***and*** exhaustion? 言语和动作行为的加速是否导致语无伦次***和***精疲力竭？

Yes 是 ______ No 否 ______

Observed behaviors: 观察到的行为：

____

____

____

____

____

P5　GRANDIOSITY. 夸大。

EXAGGERATED SELF-OPINION AND UNREALISTIC CONVICTIONS OF SUPERIORITY, INCLUDING DELUSIONS OF EXTRAORDINARY ABILITIES, WEALTH, KNOWLEDGE, FAME, POWER, AND MORAL RIGHTEOUSNESS 夸张己见及不现实的优势观念，包括一些妄想，如非凡的能力、财富、知识、名望、权力和道德正义。

1 Symptom is absent 症状不存在 ______

2 Questionable pathology; may be at the upper extreme of normal limits 症状可疑，可能是正常范围的上限 ______

3 Some expansiveness ***or*** boastfulness has been evident, but ***without*** clear-cut grandiose delusions.有一些明显的自大***或***自夸，但***没有***明确的夸大妄想。

Yes 是 ______ No 否 ______

4 The patient feels distinctly ***and*** unrealistically superior to others. 患者明确地***和***不切实际地感到自己比他人优越。

Yes 是 ______ No 否 ______

Does the patient possess some poorly formed delusions about special status ***or*** abilities? 患者是否有一些尚未成形的关于特殊地位***或***能力的妄想？

Yes 是 ______ No 否 ______

Has the patient acted on these delusions? 患者依照这些妄想行事吗?

Yes 是 ______ No 否 ______

5 Has the patient expressed clear-cut delusions concerning remarkable abilities, status, ***or*** power that have influenced attitude ***but not*** behavior? 患者是否表达出有明确的关于非凡能力、地位***或***权利的妄想,这些妄想已影响其态度,***但不***影响其行为?

Yes 是 ______ No 否 ______

6 Has the patient expressed clear-cut delusions of remarkable superiority that involve more than one parameter such as wealth, knowledge, fame, etc.? 患者是否表达出有明确的显著优势妄想,涉及到一个以上的项目,例如财富、知识、名望等?

Yes 是 ______ No 否 ______

Have these delusions notably affected the patient's interactions ***and/or*** been acted upon? 这些妄想是否显著影响患者的人际交往,***和(或)***患者是否根据这些妄想行事?

Yes 是 ______ No 否 ______

7 Have the patient's thinking, interactions, ***and*** behavior been dominated by ***multiple*** delusions of amazing ability, wealth, knowledge, fame, power, ***and/or*** moral stature? 患者的思维、人际交往***和***行为是否已受***多重***妄想的支配,这些妄想包括惊人的能力、财富、知识、名望、权力***和(或)***道德高度?

Yes 是 ______ No 否 ______

If so, has this taken on a bizarre quality? 如果是,是否具有古怪的性质?

Yes 是 ______ No 否 ______

Observed behaviors (if applicable, list grandiose delusions): 观察到的行为(如果适用,列出夸大妄想):

____

____

____

____

____

P6 SUSPICIOUSNESS/PERSECUTION. 猜疑或被害感。

UNREALISTIC OR EXAGGERATED IDEAS OF PERSECUTION, AS REFLECTED IN GUARDEDNESS, A DISTRUSTFUL ATTITUDE, SUSPICIOUS HYPERVIGILANCE, OR FRANK DELUSIONS THAT OTHERS MEAN ONE HARM 不现实或夸大的被害观念,表现在防卫、不信任态度、多疑的高度戒备或是认为他人对其有伤害的非常明显的妄想。

1 Symptom is absent 症状不存在 ______

2 Questionable pathology; may be at the upper extreme of normal limits 症状可疑,可能是正常范围的上限 ______

3 Does the patient present with a guarded ***or*** even openly distrustful attitude? 患者是否表现出防卫***或***甚至公开的不信任态度?

Yes 是 ______ No 否 ______

If so, would you say that the patient's thoughts, interactions, ***and*** behavior are only ***minimally*** affected by this attitude? 如果是，您是否认为这种态度对患者的思维、交往***和***行为只产生***最小程度的***影响？

Yes 是 ______ No 否 ______

4 Has the patient's distrustfulness been clearly evident ***and*** intruded on his/her behavior? 患者的不信任感是否很明显***并且***妨碍他（或她）的行为？

Yes 是 ______ No 否 ______

Has there been evidence of persecutory delusions? 是否有被害妄想的证据？

Yes 是 ______ No 否 ______

Has there been evidence of loosely formed persecutory delusions that ***have not*** affected the patient's attitude ***or*** interpersonal relations? 是否存在结构松散的被害妄想，但***尚未***影响患者的态度***或***人际关系？

Yes 是 ______ No 否 ______

5 Has the patient showed marked distrustfulness that has led to ***major*** disruptions of interpersonal relations? 患者是否表现出明显的不信任感，已致人际关系造成***严重***破坏？

Yes 是 ______ No 否 ______

Have there been ***clear-cut*** persecutory delusions that have limited impact on interpersonal relations and behavior? 是否有***明确的***被害妄想，已对人际关系和行为造成一定程度的影响？

Yes 是 ______ No 否 ______

6 Has the patient exhibited clear-cut pervasive delusions of persecution that ***may*** be systematized ***and*** significantly interfere with interpersonal relations? 患者是否表现出明确的泛化的被害妄想，***可能***是系统化的***且***显著地妨碍人际关系？

Yes 是 ______ No 否 ______

7 Have you noticed a network of systematized persecutory delusions that ***dominate*** the patient's thinking, social relations, ***and*** behavior? 您是否注意到一整套系统性被害妄想***支配***患者的思维、社交关系***和***行为？

Yes 是 ______ No 否 ______

Observed behaviors (if applicable, list persecutory delusions): 观察到的行为（如适用，列出被害妄想）：

____

____

____

____

____

P7 HOSTILITY. 敌对性。

VERBAL AND NONVERBAL EXPRESSIONS OF ANGER AND RESENTMENT, INCLUDING SARCASM, PASSIVE-AGGRESSIVE BEHAVIOR, VERBAL ABUSE, AND ASSAULTIVE-

NESS 愤怒和怨恨的言语和非言语表达,包括讥讽、被动攻击行为、辱骂和袭击。

1 Symptom is absent 症状不存在 ______

2 Questionable pathology; may be at the upper extreme of normal limits 症状可疑,可能是正常范围的上限 ______

3 Does the patient communicate indirect ***or*** restrained anger (e.g., sarcasm, disrespect, hostile expressions, and occasional irritability)? 患者是否间接地**或**经过克制地表示愤怒(如讥讽、不尊敬、表达敌意及偶尔易激惹)?

Yes 是 ______ No 否 ______

4 Does the patient present with an overtly hostile attitude, showing frequent irritability ***and*** directly expressing anger ***or*** resentment? 患者是否存在明显敌对态度,经常表现易激惹**及**直接表达愤怒**或**怨恨?

Yes 是 ______ No 否 ______

5 Has the patient been highly irritable ***and*** occasionally verbally abusive ***or*** threatening? 患者是否高度易激惹,**而且**偶尔有辱骂**或**言语威胁?

Yes 是 ______ No 否 ______

6 Has uncooperativeness ***and*** verbal abuse ***or*** threats seriously impacted on the patient's social relations? 不合作**和**辱骂**或**言语威胁是否已严重影响患者的社交关系?

Yes 是 ______ No 否 ______

Has the patient been violent ***and*** destructive without having been physically assaultive toward others? 患者是否具有暴力**和**破坏性,但没有对他人进行人身攻击?

Yes 是 ______ No 否 ______

7 Has marked anger resulted in extreme uncooperativeness that has either precluded other interactions ***or*** led to episode (s) of physical assault toward others? 明显的愤怒是否已造成极度不合作,以致拒绝与他人交往**或**对他人进行人身攻击?

Yes 是 ______ No 否 ______

Observed behaviors: 观察到的行为:

____

____

____

____

____

N2 EMOTIONAL WITHDRAWAL. 情绪退缩。

LACK OF INTEREST IN, INVOLVEMENT WITH, AND AFFECTIVE COMMITMENT TO LIFE'S EVENTS 对生活事件缺乏兴趣、参与和情感投入。

1 Symptom is absent 症状不存在 ______

2 Questionable pathology; may be at the upper extreme of normal limits 症状可疑,可能是正常范围的上限 ______

3 Does the patient usually lack initiative? 患者是否经常缺乏主动性?

Yes 是 ______ No 否 ______

Does the patient show deficient interest in surrounding events? 患者是否显得对周围事件缺乏兴趣?

Yes 是 ______ No 否 ______

4 Is the patient generally distanced emotionally from the milieu and its challenges? 患者是否总体上对周围环境及环境变化有情感隔阂?

Yes 是 ______ No 否 ______

Can the patient be engaged in interactions when encouraged? 患者受鼓励后能否参与交往?

Yes 是 ______ No 否 ______

5 Is the patient clearly detached emotionally from persons and events in the milieu, resisting all efforts at engagement? 患者是否对周围的人和事有明显的情感疏远,抵制所有的参与努力?

Yes 是 ______ No 否 ______

Is it the case that the patient appears distant, docile, and purposeless but can, nevertheless, be involved in communication at least briefly? 患者是否显得疏远、温顺和漫无目的,但不管怎样却至少可进行短暂的交流?

Yes 是 ______ No 否 ______

Does the patient tend to personal needs, even if he/she sometimes needs assistance? 患者是否倾向于个人需求,即使有时需要帮助?

Yes 是 ______ No 否 ______

6 Have you noticed a marked deficiency of interest and emotional commitment that has resulted in limited conversation with others ***and frequent*** neglect of personal functions, for which the patient requires supervision? 您是否注意到患者明显的缺乏兴趣和情感投入,导致与他人交谈有限,***并且经常***忽略个人功能,因此患者需要监督?

Yes 是 ______ No 否 ______

7 Has the patient been ***almost totally*** withdrawn, uncommunicative, ***and*** neglectfu1 of personal needs, resulting from a profound lack of interest and emotional commitment? 患者是否因兴趣和情感投入的极度缺乏导致其***几乎完全***退缩,无法交谈,***并***忽略个人需求?

Yes 是 ______ No 否 ______

Observed behaviors: 观察到的行为:

____

____

____

____

____

N4 PASSIVE/APATHETIC SOCIAL WITHDRAWAL. 被动性或淡漠性社交退缩。

DIMINISHED INTEREST AND INITIATIVE IN SOCIAL INTERACTIONS DUE TO PAS-

SIVITY, APATHY, ANERGY, OR AVOLITION. THIS LEADS TO REDUCED INTERPERSONAL INVOLVEMENTS AND NEGLECT OF ACTIVITIES OF DAILY LIVING 因被动、淡漠、缺乏精力或意志力使社会交往的兴趣和主动性下降，这导致人际投入的减少及对日常活动的忽视。

1 Symptom is absent 症状不存在 ______

2 Questionable pathology; may be at the upper extreme of normal limits 症状可疑，可能是正常范围的上限 ______

3 Does the patient show occasional interest in social activities but poor initiative? For example, does the patient usually engage with others only when approached first by them? 患者是否显示对社交活动偶有兴趣，但主动性较差？例如，通常只有在他人先主动表示时才会参与？

Yes 是 ______ No 否 ______

4 Does the patient passively go along with most social activities but in a disinterested or mechanical way, tending to recede into the background? 患者是否被动地参与大部分的社交活动，但以无兴趣或机械的方式出现，倾向于退缩到不显眼的地方？

Yes 是 ______ No 否 ______

5 Does the patient passively participate in only a minority of activities ***and*** show virtually no interest or initiative? 患者是否仅被动参与少数活动，***且***实际上显得毫无兴趣或主动性？

Yes 是 ______ No 否 ______

Does the patient generally spend little time with others? 患者通常只花很少时间与他人相处吗？

Yes 是 ______ No 否 ______

6 Does the patient tend to be apathetic ***and*** isolated, participating very rarely in social activities? 患者是否趋于淡漠***和***孤立，极少参与社交活动？

Yes 是 ______ No 否 ______

Is he/she ***occasionally*** neglectful of personal needs? 他（她）是否***偶尔***忽视个人需求？

Yes 是 ______ No 否 ______

Does the patient have ***very few*** spontaneous social contacts? 患者是否***很少***有自发的社交接触？

Yes 是 ______ No 否 ______

7 Has the patient been profoundly apathetic, socially isolated, ***and*** personally neglectful. (e.g., very poor Activities of Daily Living-such as making bed, brushing teeth, bathing)? 患者是否一直极度的淡漠，与世隔绝，***且***忽视个人需求（例如，铺床、刷牙、洗澡等日常生活行为习惯极差）？

Yes 是 ______ No 否 ______

Observed behaviors: 观察到的行为：

______

______

Note: **This is one of two PANSS items that are scored exclusively based on information obtained from staff members and/or significant others, so the level of severity chosen here will be used as the PANSS rating for this item.** 注：这是两个 PANSS 项目之一，专门根据员工和(或)其他重要人士提供的信息评分，因此此处所选的严重程度将作为该项目的 PANSS 评分使用。

G5　MANNERISMS AND POSTURING. 装相和作态。

UNNATURAL MOVEMENTS OR POSTURE AS CHARACTERIZED BY AN AWKWARD, STILTED, DISORGANIZED, OR BIZARRE APPEARANCE 不自然的动作或姿势，以笨拙、做作、紊乱或古怪表现为特征。

1　Symptom is absent 症状不存在 ______

2　Questionable pathology; may be at the upper extreme of normal limits 症状可疑，可能是正常范围的上限 ______

3　Has the patient's movements been ***slightly*** awkward ***or*** have you noticed a ***minor*** rigidity of posture? 患者的动作是否***有点***笨拙***或***您是否注意到其姿势***有些***僵硬？

Yes 是 ______　No 否 ______

4　Have you noticed that the patient's movements are ***notably*** awkward or disjointed ***or*** that the patient has maintained an unnatural posture for brief periods? 您是否注意到患者的动作***明显***笨拙或不连贯，***或***患者短时间保持一种不自然的姿势？

Yes 是 ______　No 否 ______

5　Has the patient engaged in ***occasional*** bizarre motoric rituals? 患者***偶***有古怪的仪式性动作吗？

Yes 是 ______　No 否 ______

Have you noticed the patient engaging in a contorted posture ***or***, perhaps, an abnormal position that has been sustained for extended periods? 您是否注意到患者摆出扭曲的姿势，***或***可能长时间保持一种异常的姿势？

Yes 是 ______　No 否 ______

6　Has the patient engaged in ***frequent*** repetition of bizarre rituals, mannerisms, or stereotyped movements ***or***, perhaps, has sustained a contorted posture for extended period? 患者是否***经常***重复出现古怪的仪式性动作、装相或刻板动作，***或***可能长时间保持一种扭曲的姿势？

Yes 是 ______　No 否 ______

7　Has the patient's functioning been seriously impaired by ***virtually constant*** involvement in ritualistic, manneristic, or stereotyped movements ***or*** by an unnatural fixed posture that is sustained most of the time? 患者的功能是否因***几乎持续不断***的仪式性动作、装相或刻板动作，***或***大部分时间保持一种不自然的固定姿势，而严重受损？

Yes 是 ______ No 否 ______

Observed behaviors: 观察到的行为：

____

____

____

____

____

G6 DEPRESSION. 抑郁。

FEELINGS OF SADNESS, DISCOURAGEMENT, HELPLESSNESS, AND PESSIMISM 悲伤、沮丧、无助和悲观厌世的感觉。

1 Symptom is absent 症状不存在 ______

2 Questionable pathology; may be at the upper extreme of normal limits 症状可疑，可能是正常范围的上限 ______

3 Has the patient expressed some sadness ***or*** discouragement only upon questioning ***and*** without any evidence of depression in general attitude or demeanor? 患者是否只在被问及时才表示有些悲伤***或***沮丧，***并且***总的态度或行为举止没有抑郁表现？

Yes 是 ______ No 否 ______

4 Has there been any evidence of distinct feelings of sadness ***or*** hopelessness, that may have been spontaneously divulged? 是否有明显感到悲伤***或***绝望的迹象，而这可能是自然流露出来的？

Yes 是 ______ No 否 ______

If so, is it the case that this depressed mood ***has not*** had a major impact on behavior ***or*** social functioning, ***and*** the patient can usually be cheered up? 若是，这种抑郁心境是否***尚未***对行为***或***社会功能造成重大影响，***而且***患者通常还能高兴起来？

Yes 是 ______ No 否 ______

5 Is the patient's depressed mood associated with obvious sadness, pessimism, loss of social interest, psychomotor retardation, ***and*** has it interfered somewhat in appetite and sleep? 患者的抑郁心境是否伴有明显的悲伤、悲观厌世、失去社交兴趣和精神运动迟滞，***而且***是否对食欲和睡眠有些妨碍？

Yes 是 ______ No 否 ______

6 Has the patient's markedly depressed mood been associated with sustained feelings of misery, ***occasional*** crying, hopelessness, and worthlessnes? 患者明显的抑郁心境是否已伴有持续的痛苦感、***偶尔***哭泣、绝望和无价值感？

Yes 是 ______ No 否 ______

Has it ***significantly*** interfered with appetite and/or sleep as well as in normal motor ***and*** social functions, with possible signs of self-neglect being evident? 该情绪是否已***严重***妨碍食欲和(或)睡眠以及正常运动***和***社会功能，可能伴有明显的自我忽视的迹象？

Yes 是 ______ No 否 ______

7　Have the patient's depressive feelings ***seriously*** interfered with most major functions? Manifestations include frequent crying, pronounced somatic symptoms, impaired concentration, psychomotor retardation, social disinterest, self-neglect, possible depressive and/or nihilistic delusions, and/or possible suicidal thoughts or actions? 患者的抑郁感觉是否已***严重***妨碍大部分主要功能？表现包括经常哭泣，明显的躯体症状，注意力损害，精神运动迟滞，失去社交兴趣，自我忽视，可能有抑郁和（或）虚无妄想，和（或）可能有自杀意念或行为？

Yes 是 ______　No 否 ______

Observed behaviors: 观察到的行为：

____

____

____

____

____

G7　MOTOR RETARDATION. 运动迟缓。

REDUCTION IN MOTOR ACTIVITY AS REFLECTED IN SLOWING OR LESSENING OF MOVEMENTS AND SPEECH, DIMINISHED RESPONSIVENESS TO STIMULI, AND REDUCED BODY TONE 运动活动减少，表现在动作和言语的减慢或减少，对刺激的反应减弱及体质变弱。

1　Symptom is absent 症状不存在 ______

2　Questionable pathology; may be at the upper extreme of normal limits 症状可疑，可能是正常范围的上限 ______

3　Has there been a ***slight but noticeable*** diminution in the patient's rate of movements ***and*** speech (e.g., the patient may be somewhat underproductive in conversation and gestures)? 患者的动作***和***讲话速度是否***轻微但明显***减慢（例如，患者的谈话内容和姿势可能有点不足）？

Yes 是 ______　No 否 ______

4　Has the patient been ***clearly slow*** in movements? 患者的动作是否***明显减慢***？

Yes 是 ______　No 否 ______

Has the patient's speech been characterized by poor productivity, including long response latency, extended pauses, ***or*** slow pace? 患者的讲话特点是否为讲话内容不足，包括反应期延长，停顿延长***或***语速缓慢？

Yes 是 ______　No 否 ______

5　Have you noticed a ***marked*** reduction in motor activity that has rendered communication highly unproductive ***or***, perhaps, has delimited functioning in social and occupational situations? 您是否注意到运动活动***显著***减少，已导致交谈内容非常不足，***或***也许已影响到社交和职业功能？

Yes 是 ______　No 否 ______

Is it the case that the patient could usually be found sitting ***or*** lying down? 患者是否常常被发现呆坐**或**躺着？

Yes 是 ______ No 否 ______

6 Have the patient's movements been extremely slow, resulting in a minimum of activity and speech with the patient spending his/her day essentially sitting idly ***or*** lying down? 患者的动作是否极其缓慢，导致极少活动和讲话，患者基本上整天呆坐**或**躺着？

Yes 是 ______ No 否 ______

7 Is it the case that the patient has been almost completely immobile ***and*** virtually unresponsive to external stimuli? 患者是否几乎完全不动，**并且**对外界刺激毫无反应？

Yes 是 ______ No 否 ______

Observed behaviors: 观察到的行为：

____

____

____

____

____

G8 UNCOOPERATIVENESS. 不合作。

ACTIVE REFUSAL TO COMPLY WITH THE WILL OF SIGNIFICANT OTHERS, INCLUDING THE INTERVIEWER, HOSPITAL STAFF, OR FAMILY, WHICH MAY BE ASSOCIATED WITH DISTRUST, DEFENSIVENESS, STUBBORNNESS, NEGATIVISM, REJECTOIN OF AUTHORITY, HOSTILITY, OR BELLIGERENCE 主动拒绝顺从其他重要人物的意愿，包括会谈者、医务人员或家属，可能伴有不信任、防御、固执、消极、抵制权威、敌对或好斗。

1 Symptom is absent 症状不存在 ______

2 Questionable pathology; may be at the upper extreme of normal limits 症状可疑，可能是正常范围的上限 ______

3 The patient complies with an attitude of resentment, impatience, ***or*** sarcasm. 患者以一种愤恨、不耐烦**或**讥讽的态度服从。

Yes 是 ______ No 否 ______

4 The patient occasionally refuses outright to comply with normal social demands, such as making his/her bed, attending scheduled programs, etc. 患者偶尔直率地拒绝服从正常的社会要求，如整理自己的床铺、参加安排好的活动等。

Yes 是 ______ No 否 ______

Does the patient project a hostile, defensive, ***or*** negative attitude? 患者是否表现出敌对、防御**或**否定的态度？

Yes 是 ______ No 否 ______

Can the patient usually be worked with? 患者通常是否可以共事？

Yes 是 ______ No 否 ______

5　Has the patient been ***frequently*** noncompliant with the demands of his/her milieu? 患者是否***经常***不遵从周围环境的要求？

Yes 是 ______　No 否 ______

Is the patient characterized by others as an "outcast" ***or*** as having "a serious attitude problem"? 患者是否被他人描述为"被遗弃者"***或***有"严重的态度问题"？

Yes 是 ______　No 否 ______

6　Has the patient been ***highly*** uncooperative, negativistic, or possibly belligerent? 患者是否***高度***不合作、否定、或可能好斗？

Yes 是 ______　No 否 ______

Has the patient refused to comply with ***most*** social demands? 患者是否拒绝服从***大部分***社会要求？

Yes 是 ______　No 否 ______

7　Has the patient's active resistance ***seriously*** impacted on virtually all major areas of functioning? For example, the patient may refuse to join in any social activities, tend to personal hygiene, converse with family or staff or participate even briefly in an interview? 患者的主动抗制是否***严重***影响几乎所有主要的功能领域？例如，患者可能拒绝参加任何社交活动，不注意个人卫生，不与家属或工作人员谈话，或甚至拒绝参与简短的会谈？

Yes 是 ______　No 否 ______

Observed behaviors: 观察到的行为：

____

____

____

____

____

G14　POOR IMPULSE CONTROL. 冲动控制障碍。

DISORDERED REGULATION AND CONTROL OF ACTION ON INNER URGES, RESULTING IN SUDDEN, UNMODULATED, ARBITRARY, OR MISDIRECTED DISCHARGE OF TENSION AND EMOTIONS WITHOUT CONCERN ABOUT CONSEQUENCES 对内在冲动反应的调节和控制障碍，导致不顾后果的、突然的、无法调节的、肆意的或误导的紧张和情绪的宣泄。

1　Symptom is absent 症状不存在 ______

2　Questionable pathology; may be at the upper extreme of normal limits 症状可疑，可能是正常范围的上限 ______

3　The patient has tended to be easily angered and frustrated when facing stress ***or*** denied gratification but ***rarely*** acts on impulse. 在面对应激***或***不如意时，患者容易出现愤怒和受挫感，但***很少***冲动行事。

Yes 是 ______　No 否 ______

4 Has the patient been angered and verbally abusive with ***minimal*** provocation? 患者是否对**轻微的**挑衅就会愤怒和谩骂？

Yes 是 ______ No 否 ______

Has the patient been occasionally threatening ***or*** destructive? 患者是否偶尔出现威胁性**或**破坏性行为？

Yes 是 ______ No 否 ______

Has the patient been involved in any physical confrontations ***or*** minor brawls? 患者是否发生任何身体冲突**或**程度较轻的吵架？

Yes 是 ______ No 否 ______

5 Has the patient exhibited ***repeated*** impulsive episodes involving verbal abuse, destruction of property, ***or*** physical threats? 患者是否**反复**出现冲动，包括谩骂、毁物**或**身体威胁？

Yes 是 ______ No 否 ______

Has the patient had any episodes that have involved serious assault for which the patient has required isolation, physical restraint, ***or*** p.r.n. sedation? 患者是否有任何严重攻击行为，以致患者需要隔离、身体约束**或**必要时给予镇静剂？

Yes 是 ______ No 否 ______

6 Has the patient been ***frequently*** impulsively aggressive, threatening, demanding, and destructive, without any apparent consideration of consequences? 患者是否**经常**不计后果地出现攻击、威胁、强人所难和破坏性行为？

Yes 是 ______ No 否 ______

Has the patient exhibited ***either*** assaultive ***or*** sexually offensive behavior? 患者**是否**表现出攻击性**或**性攻击行为？

Yes 是 ______ No 否 ______

Has the patient behaviorally responded to hallucinatory commands? 患者是否对幻听命令作出行为反应？

Yes 是 ______ No 否 ______

7 Has the patient exhibited homicidal attacks, sexual assaults, repeated brutality, ***or*** self-destructive behavior? 患者是否曾出现致命的攻击、性侵犯、反复的残暴行为**或**自残行为？

Yes 是 ______ No 否 ______

Has the patient required ***constant*** direct supervision or external constraints because of inability to control dangerous impulses? 患者是否因不能控制其危险性冲动而需要**不断的**直接监管或外部约束？

Yes 是 ______ No 否 ______

Observed behaviors: 观察到的行为：

____

____

____

____

G16　ACTIVE SOCIAL AVOIDANCE. 主动回避社交。

DIMINISHED SOCIAL INVOLVEMENT ASSOCIATED WITH UNWARRANTED FEAR, HOSTILITY, OR DISTRUST 由于无根据的恐惧、敌意或不信任而减少社交参与。

1　Symptom is absent 症状不存在 ______

2　Questionable pathology; may be at the upper extreme of normal limits 症状可疑，可能是正常范围的上限 ______

3　The patient seems ill at ease in the presence of others ***and*** prefers to spend time alone, although he/she participates in social functions when required. 患者在别人面前似乎显得不自在，***并且***喜欢独自消磨时光，尽管他(她)在要求下仍会参加社交活动。

Yes 是 ______　No 否 ______

4　Has the patient grudgingly attended ***all or most*** social activities? 患者是否非常勉强地参加***所有或大部分***社交活动？

Yes 是 ______　No 否 ______

Has the patient needed to be persuaded to attend social activities? 患者是否需要经劝说才参加社交活动？

Yes 是 ______　No 否 ______

Has the patient terminated his/her participation on account of anxiety, suspiciousness, ***or*** hostility? 患者是否因焦虑、猜疑***或***敌意而中止参与？

Yes 是 ______　No 否 ______

5　Is it the case that the patient has ***either*** fearfully ***or*** angrily kept away from many social interactions, despite the efforts of others to engage him/her? 尽管他人努力邀请他(或她)，患者***是否***仍因恐惧***或***愤怒而远离许多社会交往？

Yes 是 ______　No 否 ______

Does the patient tend to spend unstructured time alone ***due*** to unwarranted fear, hostility, or distrust? 患者是否***因***无根据的恐惧、敌意或不信任而倾向于独自消磨空闲时间？

Yes 是 ______　No 否 ______

6　Has the patient participated in ***very few*** social activities because of unwarranted fear, hostility, or distrust? 患者是否因无根据的恐惧、敌意或不信任而***极少***参加社交活动？

Yes 是 ______　No 否 ______

When approached, has the patient shown a strong tendency to break off interactions ***and*** generally isolate him/herself from others? 当他人接近时，患者是否表现出强烈的中止交往的倾向，***并且***通常离群索居？

Yes 是 ______　No 否 ______

7　Is it the case that the patient could not be engaged in social activities ***because*** of pronounced fears, hostility, or persecutory delusions ***and***, to the extent possible, has avoided all interactions ***and*** remained isolated from others? 患者是否***因***极度恐惧、敌意或被害妄想而不参加社交活动，***而且***尽可能回避所有的交往***并***离群索居？

Yes 是 ______ No 否 ______

Observed behaviors: 观察到的行为:

______

______

______

______

______

*Note: **This is one of two PANSS items that are scored exclusively based on information obtained from staff members and/or significant others, so the level of severity chosen here will be used as the PANSS rating for this item.** 注:这是两个 PANSS 项目之一,专门根据员工和(或)其他重要人士提供的信息评分,因此此处所选的严重程度将作为该项目的 PANSS 评分使用。

NOTES

**BE SURE TO SPECIFY THE ITEM(S) FOR WHICH YOU ARE PROVIDING ADDITIONAL INFORMATION. 请务必指明您提供的额外信息是针对哪一项。

______

______

______

______

______

参 考 文 献

Lewis AO, Paul MR Informant questionnaire for the positive and negative syndrome scale (IQ-PANSS)(Copyright © 1999. Muti-Health Systems Inc).

二、简明精神症状评定量表扩展版(BPRS-E)

简明精神症状评定量表扩展版(Brief Psychiatric Rating Scale-Expanded, BPRS-E)

Introduction 介绍

This section reproduces an interview schedule, symptom definitions, and specific anchor points for rating symptoms on the BPRS. Clinicians intending to use the BPRS should also consult the detailed guidelines for administration contained in the reference below. 本篇再现了 BPRS 的访谈时间表、症状定义和所评症状的特定评分标准。打算使用 BPRS 的医生也应该参照以下参考中包含的详细的使用指南。

Scale Items and Anchor Points 量表条目和评分标准

Rate items 1-14 on the basis of individual's self-report. Note items 7, 12 and 13 are also rated on the basis of observed behaviour. Items 15-24 are rated on the basis of observed be-

haviour and speech. 以患者的自我报告为依据评定条目 1~14 项。注意条目 7、12 和 13 项也要依据所观察到的行为来评定。条目 15~24 项以观察到的行为和言语来评定。

1. Somatic Concern 担心身体健康

Degree of concern over present bodily health. Rate the degree to which physical health is perceived as a problem by the individual, whether complaints have realistic bases or not. Somatic delusions should be rated in the severe range with or without somatic concern. Note: be sure to assess the degree of impairment due to somatic concerns only and not other symptoms, e.g., depression. In addition, if the individual rates 6 or 7 due to somatic delusions, then you must rate Unusual Thought Content at least 4 or above. 对目前身体健康的担心程度。评定患者感觉身体健康是一个问题的程度，不论其主诉有无现实依据。躯体妄想应评为严重的程度，伴有或不伴对身体健康的担心。注意：一定要评定只因担心身体健康而非其他症状如抑郁所致的功能受损程度。此外，如果因躯体妄想而评定本项为 6 分或 7 分，则您必须评定异常思维内容条目至少 4 分或以上。

1. **Very mild** Occasional somatic concerns that tend to be kept to self.
   很轻 偶尔会担心身体健康，往往藏在自己心里。
2. **Mild** Occasional somatic concerns that tend to be voiced to others (e.g., family, doctor).
   轻度 偶尔会担心身体健康，往往向其他人(如家人或医生)诉说。
3. **Moderate** Frequent expressions of somatic concern or exaggerations of existing ills OR some preoccupation, but no impairment in functioning. Not delusional.
   中度 经常诉说对身体健康的担心或夸大已有的疾病，**或**有些沉湎于此，但无功能受损。非妄想性的。
4. **Moderately severe** Frequent expressions of somatic concern or exaggerations of existing ills OR some preoccupation and moderate impairment of functioning. Not delusional.
   较重 经常诉说对身体健康的担心或夸大已有的疾病，**或**有些沉湎于此，且有中度功能受损。非妄想性的。
5. **Severe** Preoccupation with somatic complaints with much impairment in functioning OR somatic delusions without acting on them or disclosing to others.
   严重 沉湎于躯体性主诉，伴有较多的功能受损，**或**伴有躯体妄想，但未照此行事或向他人透露。
6. **Extremely severe** Preoccupation with somatic complaints with severe impairment in functioning OR somatic delusions that tend to be acted on or disclosed to others.
   极重 沉湎于躯体性主诉，伴有严重的功能受损，**或**伴有躯体妄想，患者往往照此行事或向他人透露。

"Have you been concerned about your physical health?" "Have you had any physical illness or seen a medical doctor lately? (What does your doctor say is wrong? How serious is it?)" "您一直担心您的身体健康吗？""您有什么躯体疾病或最近看过医生吗？(您的医生说您有什么问题吗？有多严重？)"

"Has anything changed regarding your appearance?" "您的外表有什么变化吗？"

"Has it interfered with your ability to perform your usual activities and/or work?" "它有没有妨碍到您进行日常活动和(或)工作的能力?"

"Did you ever feel that parts of your body had changed or stopped working?" "您是否感到您身体的某些部分已发生变化或停止工作?"

[If individual reports any somatic concerns/delusions, ask the following]:【如果患者表达了任何对身体健康的关心或躯体性妄想,请询问如下问题】:

"How often are you concerned about [use individual's description]?" "您担心【用患者自己的描述】的频度如何?"

"Have you expressed any of these concerns to others?" "您有没有将这些担心告诉别人?"

2. Anxiety 焦虑

Reported apprehension, tension, fear, panic or worry. Rate only the individual's statements—not observed anxiety which is rated under Tension. 自诉忧虑、紧张、恐惧、惊恐或担心。只评定患者所述症状——不评定观察到的焦虑,后者是在**紧张**条目评定。

1. **Very mild** Reports some discomfort due to worry OR infrequent worries that occur more than usual for most normal individuals.
   很轻 自诉因为担心而有些不适**或**有不常发生的担心,较大多数正常人平时发生的要频繁。
2. **Mild** Worried frequently but can readily turn attention to other things.
   轻度 经常担心,但能很容易地将注意力转移到其他事情上。
3. **Moderate** Worried most of the time and cannot turn attention to other things easily but no impairment in functioning OR occasional anxiety with autonomic accompaniment but no impairment in functioning.
   中度 大多数时间都担心,且不能很容易地将注意力转移到其他事情上,但无功能受损,**或**偶有焦虑,伴有自主神经系统症状,但无功能受损。
4. **Moderately Severe** Frequent, but not daily, periods of anxiety with autonomic accompaniment OR some areas of functioning are disrupted by anxiety or worry.
   较重 经常但非每日出现伴有自主神经系统症状的焦虑发作,**或**某些方面的功能因为焦虑或担心而受损。
5. **Severe** Anxiety with autonomic accompaniment daily but not persisting throughout the day OR many areas of functioning are disrupted by anxiety or constant worry.
   严重 每日出现伴有自主神经系统症状的焦虑,但非持续一整天,**或**许多方面的功能因为焦虑或持续担心而受损。
6. **Extremely Severe** Anxiety with autonomic accompaniment persisting throughout the day OR most areas of functioning are disrupted by anxiety or constant worry.
   极重 伴有自主神经系统症状的焦虑持续一整天,**或**大多数方面的功能因为焦虑或持续担心而受损。

"Have you been worried a lot during [mention time frame]? Have you been nervous or apprehensive? (What do you worry about?)" "您在【提及时间范围】里一直非常担心吗?您一

直很紧张或忧虑吗?(您担心什么?)”

“Are you concerned about anything? How about finances or the future?”“您担心什么吗?经济状况或未来怎么样?”

“When you are feeling nervous, do your palms sweat or does your heart beat fast (or shortness of breath, trembling, choking)?”“您感到紧张时,您的手掌会出汗或您的心跳会加速(或呼吸急促、颤抖、窒息感)吗?”

[If individual reports anxiety or autonomic accompaniment, ask the following]:【如果患者自诉有焦虑或自主神经系统症状的话,请询问如下问题】:

“How much of the time have you been [use individual's description]?”“您处于【用患者自己的描述】中的时间有多少?”

“Has it interfered with your ability to perform your usual activities/work?”“它有没有妨碍到您进行日常活动或工作的能力?”

3. Depression 抑郁

Include sadness, unhappiness, anhedonia and preoccupation with depressing topics (can't attend to TV or conversations due to depression), hopeless, loss of self-esteem (dissatisfied or disgusted with self or feelings of worthlessness). Do not include vegetative symptoms, e.g., motor retardation, early waking or the amotivation that accompanies the deficit syndrome. 包括悲伤、不快、愉快感缺乏和专注于抑郁的话题(因为抑郁而不能看电视或与人交谈)、无望、丧失自尊(对自己不满或厌恶、或无价值感)。不包括自主神经系统症状,如运动迟缓、早醒或伴有缺陷综合征的兴趣不足。

1. **Very mild** Occasionally feels sad, unhappy or depressed.
   很轻 偶尔感到悲伤、不快或抑郁。
2. **Mild** Frequently feels sad or unhappy but can readily turn attention to other things.
   轻度 经常感到悲伤或不快,但能很容易地将注意力转移到其他事情上。
3. **Moderate** Frequent periods of feeling very sad, unhappy, moderately depressed, but able to function with extra effort.
   中度 经常感到非常悲伤、不快、中度抑郁,但通过额外的努力能够保持功能。
4. **Moderately Severe** Frequent, but not daily, periods of deep depression OR some areas of functioning are disrupted by depression.
   较重 经常但非每日出现重度抑郁,**或**某些方面的功能因为抑郁而受损。
5. **Severe** Deeply depressed daily but not persisting throughout the day OR many areas of functioning are disrupted by depression.
   严重 每日出现重度抑郁,但非持续一整天,**或**许多方面的功能因为抑郁而受损。
6. **Extremely Severe** Deeply depressed daily OR most areas of functioning are disrupted by depression.
   极重 每日出现重度抑郁,**或**大多数方面的功能因为抑郁而受损。

“How has your mood been recently? Have you felt depressed (sad, down, unhappy, as if you didn't care)?”“您最近的心情怎么样?您有没有感到抑郁(悲伤、情绪低落、不快,似乎您

不在乎?)”

“Are you able to switch your attention to more pleasant topics when you want to?” “您能将注意力转移到您想要的更令人愉快的话题吗?”

“Do you find that you have lost interest in or get less pleasure from things you used to enjoy, like family, friends, hobbies, watching TV, eating?” “您有没有发现您对自己一贯喜欢的东西像家人、朋友、爱好、看电视、吃东西都失去了兴趣或获得的快感减少?”

[If individual reports feelings of depression, ask the following]:【如果患者自诉感到抑郁的话,请询问如下问题】:

“How long do these feelings last?” “Has it interfered with your ability to perform your usual activities?” “这些感觉持续了多久?”“它有没有妨碍到您进行日常活动的能力?”

4. Suicidality 自杀

Expressed desire, intent, or actions to harm or kill self. 述及自伤或自杀的愿望、打算或行动。

1. **Very mild** Occasional feelings of being tired of living. No overt suicidal thoughts.
   很轻 偶尔感到活着很疲惫。没有明显的自杀意念。
2. **Mild** Occasional suicidal thoughts without intent or specific plan **OR** he/she feels they **would be better off dead.**
   轻度 偶有自杀意念,但无打算或特定计划,**或**他(她)感到他们死去的话会更好。
3. **Moderate** Suicidal thoughts frequent without intent or plan.
   中度 经常有自杀意念,但无打算或计划。
4. **Moderately Severe** Many fantasies of suicide by various methods. May seriously consider making an attempt with specific time and plan **OR** impulsive suicide attempt using non-lethal method or in full view of potential saviours.
   较重 有许多通过各种方法自杀的想象。可能认真考虑过在特定时间里用特定方法尝试自杀,**或**用非致死性方法或充分考虑到有潜在的救世主而去尝试冲动性自杀。
5. **Severe** Clearly wants to kill self. Searches for appropriate means and time, OR potentially serious suicide attempt with individual knowledge of possible rescue.
   严重 明确想自杀。寻找合适的方法和时机,**或**可能有严重自杀企图,患者有可能获救方面的知识。
6. **Extremely Severe** Specific suicidal plan and intent (e.g., “as soon as ________ I will do it by doing X”), OR suicide attempt characterised by plan individual thought was lethal or attempt in secluded environment.
   极重 特定的自杀计划或打算(如“一旦……我就通过做某事去自杀”),**或**自杀企图的特征是有致死性自杀意念的计划或在隐蔽的环境里作尝试。

“Have you felt that life wasn't worth living? Have you thought about harming or killing yourself? Have you felt tired of living or as though you would be better off dead? Have you ever felt like ending it all?” “您有没有感到生命不值得继续?您有没有想过伤害或杀死自己?您有没有感到活着很累或似乎您死去的话会更好?您有没有曾经想要结束这一切?”

[If individual reports suicidal ideation, ask the following]:【如果患者自诉有消极意念的话，请询问如下问题】：
"How often have you thought about [use individual's description]?" "您想起【用患者自己的描述】的频度如何？"
"Did you (Do you) have a specific plan?" "您有过(现在有)特定计划吗？"

5. Guilt 自罪

Overconcern or remorse for past behaviour. Rate only individual's statements, do not infer guilt feelings from depression, anxiety, or neurotic defences. Note: if the individual rates 6 or 7 due to delusions of guilt, then you must rate Unusual Thought Content at least 4 or above, depending on level of preoccupation and impairment. 为过去的行为忧心忡忡或自责。只评患者的陈述内容，不要从抑郁、焦虑或神经症性防御中推断出自罪感。注意：如果患者因为自罪妄想而被评为6分或7分，则您必须评定**异常思维内容条目**至少4分或以上，分值取决于专注和功能受损的程度。

1. **Very mild** Concerned about having failed someone, or at something, but not preoccupied. Can shift thoughts to other matters easily.
   很轻 记挂曾经辜负某人，或做某事失败，但未沉湎于此。能很容易地将思绪转移到其他事情上。
2. **Mild** Concerned about having failed someone, or at something, with some preoccupation. Tends to voice guilt to others.
   轻度 记挂曾经辜负某人，或做某事失败，且有些沉湎于此。往往将过失说给别人听。
3. **Moderate** Disproportionate preoccupation with guilt, having done wrong, injured others by doing or failing to do something, but can readily turn attention to other things.
   中度 不相称地专注于过失：曾做错事，因做了某事或没做成某事而伤害了其他人，但能很容易地将注意力转移到其他事情上。
4. **Moderately Severe** Preoccupation with guilt, having failed someone or at something, can turn attention to other things, but only with great effort. Not delusional.
   较重 沉湎于过失：曾辜负某人或做某事失败，能将注意力转移到其他事情上，只不过要费些气力。非妄想性的。
5. **Severe** Delusional guilt OR unreasonable self-reproach very out of proportion to circumstances. Moderate preoccupation present.
   严重 有自罪妄想**或**与事实很不相称的不合理的自责。显出中度沉湎于此。
6. **Extremely Severe** Delusional guilt OR unreasonable self-reproach grossly out of proportion to circumstances. Individual is very preoccupied with guilt and is likely to disclose to others or act on delusions.
   极重 有自罪妄想**或**与事实极不相称的不合理的自责。患者非常沉湎于过失且可能向他人透露或依照妄想而行事。

"Is there anything you feel guilty about? Have you been thinking about past problems?" "有什么事让您感到内疚吗？您是否一直回想起过去的问题？"

“Do you tend to blame yourself for things that have happened?” “您常常因为曾经发生过的事而责怪自己吗？”
“Have you done anything you're still ashamed of?” “您做过您仍感到羞愧的事吗？”
[If individual reports guilt/remorse/delusions, ask the following]:【如果患者自诉自罪或自责妄想的话，请询问如下问题】：
“How often have you been thinking about [use individual's description]?” “您想起过【用患者自己的描述】的频度如何？”
“Have you disclosed your feelings of guilt to others?” “您有没有将您的自罪感透露给别人？”

6. Hostility 敌意

Animosity, contempt, belligerence, threats, arguments, tantrums, property destruction, fights, and any other expression of hostile attitudes or actions. Do not infer hostility from neurotic defences, anxiety or somatic complaints. Do not include incidents of appropriate anger or obvious self-defence. 憎恨、轻蔑、好斗、威胁、争辩、发脾气、毁物、打架和敌对态度或行动的任何其他表达。不要从神经症性防御、焦虑或躯体主诉中推断出敌意。不包括恰当的生气或明显自卫的事件。

1. **Very mild** Irritable or grumpy, but not overtly expressed.
   很轻 易激惹或脾气坏，但表达得不明显。
2. **Mild** Argumentative or sarcastic.
   轻度 好争辩或好挖苦。
3. **Moderate** Overtly angry on several occasions OR yelled at others excessively.
   中度 有几次明显生气**或**冲其他人过分叫喊。
4. **Moderately Severe** Has threatened, slammed about or thrown things.
   较重 已威胁过、谩骂过或扔过东西。
5. **Severe** Has assaulted others but with no harm likely, e.g., slapped or pushed, OR destroyed property, e.g., knocked over furniture, broken windows.
   严重 已袭击过他人但可能无伤害，如拍打或推搡，**或**毁物，如掀翻家具、打坏窗户。
6. **Extremely Severe** Has attacked others with definite possibility of harming them or with actual harm, e.g., assault with hammer or weapon.
   极重 已攻击过他人且有明确造成伤害的可能性或有实际伤害，如用锤子或武器攻击。

“How have you been getting along with people (family, co-workers, etc.)?” “您一直以来跟其他人(家人、同事等)相处如何？”
“Have you been irritable or grumpy lately? (How do you show it? Do you keep it to yourself)?” “您近来一直易激惹或脾气坏吗？(您怎么表现的？您把怒气压在心里吗？)”
“Were you ever so irritable that you would shout at people or start fights or arguments? (Have you found yourself yelling at people you didn't know?)” “您曾因易怒而会冲别人大叫或先动手打人或争辩吗？(您有没有发现自己冲您不认识的人叫喊？)”
“Have you hit anyone recently?” “您近来打过人吗？”

7. Elevated Mood 情感高涨

A pervasive, sustained and exaggerated feeling of well-being, cheerfulness, euphoria (implying a pathological mood), optimism that is out of proportion to the circumstances. Do not infer elation from increased activity or from grandiose statements alone. 一种弥漫的、持续的和夸张的感觉,有关健康、快乐、欣快(提示一种病态情绪)、与处境不相称的乐观。不要单从活动增加或从夸夸其谈中推断出兴奋。

1. **Very mild** Seems to be very happy, cheerful without much reason.
   很轻 似乎没有太多缘由的非常开心、快乐。
2. **Mild** Some unaccountable feelings of well-being that persist.
   轻度 持续存在的有关健康的一些无法理喻的感觉。
3. **Moderate** Reports excessive or unrealistic feelings of well-being, cheerfulness, confidence or optimism inappropriate to circumstances, some of the time. May frequently joke, smile, be giddy, or overly enthusiastic OR few instances of marked elevated mood with euphoria.
   中度 有时候自诉有过分的或不现实的感觉,有关健康、快乐、自信或与处境不相称的乐观。可能经常开玩笑、微笑、举止轻率或过分热情**或**出现不多的几次带有欣快感的显著情感高涨。
4. **Moderately Severe** Reports excessive or unrealistic feelings of well-being, confidence or optimism inappropriate to circumstances, much of the time. May describe feeling "on top of the world", "like everything is falling into place", or "better than ever before", OR several instances of marked elevated mood with euphoria.
   较重 很多时候自诉有过分的或不现实的感觉，有关健康、自信或与处境不相称的乐观。可能这样描述这种感觉:"在世界之巅"、"好像所有的事情都变得清楚"、或"从未像现在感觉这么好"**或**出现好几次带有欣快感的显著情感高涨。
5. **Severe** Reports many instances of marked elevated mood with euphoria OR mood definitely elevated almost constantly throughout interview and inappropriate to content.
   严重 自诉出现过许多次带有欣快感的显著情感高涨，**或**在整个访谈过程中差不多持续存在情感明确高涨,且与谈话内容不相称。
6. **Extremely Severe** Individual reports being elated or appears almost intoxicated, laughing, joking, giggling, constantly euphoric, feeling invulnerable, all inappropriate to immediate circumstances.
   极重 患者自诉很兴奋或表现为差不多喝醉了、大笑、开玩笑、举止轻率、持续欣快、感到无懈可击,一切皆与当时的环境不相称。

"Have you felt so good or high that other people thought that you were not your normal self?" "Have you been feeling cheerful and 'on top of the world' without any reason?" "您是否感觉良好或感觉兴奋以致于其他人认为您不再是平常的您?""您是否一直感到快乐且没理由地感到'了不起'?"

[If individual reports elevated mood/euphoria, ask the following]:【如果患者情感高涨或欣快的话,请询问如下问题】:

"Did it seem like more than just feeling good?" "这种感觉似乎比感觉刚好还要好吗?"

"How long did that last?" "它持续了多久?"

8. Grandiosity 夸大

Exaggerated self-opinion, self-enhancing conviction of special abilities or powers or identity as someone rich or famous. Rate only individual's statements about himself, not his/her demeanour. Note: if the individual rates 6 or 7 due to grandiose delusions, you must rate Unusual Thought Content at least 4 or above. 自我估价过高,有自夸信念,认为自己具有特别的能力或才智或作为富人或名人的身份。只按患者的自述而不是他(或她)的举止来评分,注意:如果患者因为夸大妄想而被评为 6 分或 7 分,则您必须评定**异常思维内容条目**至少 4 分或以上。

1. **Very mild** Feels great and denies obvious problems, but not unrealistic.
   很轻 感到了不起,且否认有明显问题,但并非不现实。
2. **Mild** Exaggerated self-opinion beyond abilities and training.
   轻度 超出其能力和培训范围的自我估价过高。
3. **Moderate** Inappropriate boastfulness, e.g., claims to be brilliant, insightful or gifted beyond realistic proportions, but rarely self-discloses or acts on these inflated self-concepts. Does not claim that grandiose accomplishments have actually occurred.
   中度 不相称的自夸,如超出实际范围地宣称自己才华横溢、具远见卓识或天赋,但极少主动暴露这些自夸内容或按这些自夸内容行事。不会宣称夸大的成就实际上已经实现了。
4. **Moderately Severe** Same as 4 but often self-discloses and acts on these grandiose ideas. May have doubts about the reality of the grandiose ideas. Not delusional.
   较重 与 4 分相同,但经常主动暴露这些自夸内容或按这些自夸内容行事。可能对夸大观念的真实性有所怀疑。非妄想性的。
5. **Severe** Delusional—claims to have special powers like ESP, to have millions of dollars, invented new machines, worked at jobs when it is known that he/she was never employed in these capacities, be Jesus Christ, or the Prime Minister. Individual may not be very preoccupied.
   严重 妄想性的——宣称自己有特殊能力像超感官知觉,有无数的钱,发明了新机器,曾任职于某些工作而其实已知他(她)从未因这些能力而受雇,自己是耶稣基督,或是总理。患者可能并不非常沉湎于此。
6. **Extremely Severe** Delusional—same as 6 but individual seems very preoccupied and tends to disclose or act on grandiose delusions.
   极重 妄想性的——与 6 分相同,但患者似乎非常沉湎于此,且往往暴露夸大妄想或按夸大妄想行事。

"Is there anything special about you? Do you have any special abilities or powers? Have you thought that you might be somebody rich or famous?" "您是否有什么特别的地方?您是否有什么特别的能力或才智?您是否认为您可能是某位富人或名人?"

[If the individual reports any grandiose ideas/delusions, ask the following]:【如果患者自述

有任何夸大观念或妄想的话，请询问如下问题】：
“How often have you been thinking about [use individual's description]? Have you told anyone about what you have been thinking? Have you acted on any of these ideas?”“您想起过【用患者自己的描述】的频度如何？您是否告诉过别人您一直在考虑什么？您是否按照过这些想法中的任何一个而行事？”

9. Suspiciousness 猜疑

Expressed or apparent belief that other persons have acted maliciously or with discriminatory intent. Include persecution by supernatural or other non-human agencies (e.g., the devil). Note: ratings of 3 or above should also be rated under Unusual Thought Content. 表示相信或明显相信他人有恶意行为或行为带有区别对待的意味。包括被超自然的或其他非人类的力量(如地狱)所迫害。注意：3 分或以上的评分也应在**异常思维内容条目**评分。

1. **Very mild** Seems on guard. Reluctant to respond to some “personal” questions. Reports being overly self-conscious in public.
   很轻 似乎显得警觉。勉强回答一些“私人的”问题。自述在公共场合明显不自然。
2. **Mild** Describes incidents in which others have harmed or wanted to harm him/her that sound plausible. Individual feels as if others are watching, laughing or criticising him/her in public, but this occurs only occasionally or rarely. Little or no preoccupation.
   轻度 描述他人已伤害或想伤害他(她)的事情，听上去像真的一样。患者感到似乎他人在公共场合正监视、嘲笑或批评他(她)，但这仅仅是偶尔或极少出现。极少沉湎于此或未沉湎于此。
3. **Moderate** Says other persons are talking about him/her maliciously, have negative intentions or may harm him/her. Beyond the likelihood of plausibility, but not delusional. Incidents of suspected persecution occur occasionally (less than once per week) with some preoccupation.
   中度 诉说他人正在恶意地谈论他(她)，有负面意图或可能伤害他(她)。已超出貌似真实的可能性，但非妄想性。猜疑被害事件偶尔发生(少于每周 1 次)，有些沉湎于此。
4. **Moderately Severe** Same as 4, but incidents occur frequently, such as more than once per week. Individual is moderately preoccupied with ideas of persecution OR individual reports persecutory delusions expressed with much doubt (e.g., partial delusion).
   较重 与 4 分相同，但事件经常发生，如每周 1 次以上。患者中度沉湎于被害观念，**或**患者自述有被害妄想却表达得颇有疑惑(如部分妄想)。
5. **Severe** Delusional—speaks of Mafia plots, the FBI or others poisoning his/her food, persecution by supernatural forces.
   严重 妄想性的——谈及黑手党阴谋、联邦调查局或他人在他(她)的食物中投毒、被超自然力量所害。
6. **Extremely Severe** Same as 6, but the beliefs are bizarre or more preoccupying. Individual tends to disclose or act on persecutory delusions.
   极重 与 6 分相同，但妄想信念是古怪的或更沉湎于此。患者往往暴露出被害妄想或按

被害妄想行事。

“Do you ever feel uncomfortable in public? Does it seem as though others are watching you? Are you concerned about anyone's intentions toward you? Is anyone going out of their way to give you a hard time, or trying to hurt you? Do you feel in any danger?”“您曾在公共场合感到不舒服吗?看上去似乎他人正在监视您吗?您为别人对您的意图而担心过吗?有人超出常理地为难您、或试图伤害您吗?您感到处于危险中吗?”

[If individual reports any persecutory ideas/delusions, ask the following]:【如果患者自述有任何被害观念或妄想的话,请询问如下问题】:

“How often have you been concerned that [use individual's description]? Have you told anyone about these experiences?”“您一直担心【用患者自己的描述】的频度如何?您是否告诉过别人这些体验?”

10. Hallucinations 幻觉

Reports of perceptual experiences in the absence of relevant external stimuli. When rating degree to which functioning is disrupted by hallucinations, include preoccupation with the content and experience of the hallucinations, as well as functioning disrupted by acting out on the hallucinatory content (e.g., engaging in deviant behaviour due to command hallucinations). Include thoughts aloud (“gedenkenlautwerden”) or pseudohallucinations (e.g., hears a voice inside head) if a voice quality is present. 自述在缺乏相应外界刺激的情况下出现知觉体验。当评定因幻觉而使功能受损的程度时,应包括评定沉湎于幻觉的内容和体验的程度,以及评定因按幻觉内容行事而导致功能受损的程度(如因命令性幻听而出现偏离行为)。包括思维鸣响(“思维化声”)或假性幻觉(如听见头部内的讲话声),如果讲话声的特性是存在的话。

1. **Very mild** While resting or going to sleep, sees visions, smells odours or hears voices, sounds, or whispers in the absence of external stimulation, but no impairment in functioning.
   很轻 在休息或去睡觉时, 在缺乏外界刺激的情况下看见物象、闻到气味或听见讲话声、声响或耳语,但无功能损害。
2. **Mild** While in a clear state of consciousness, hears a voice calling the individual's name, experiences non-verbal auditory hallucinations (e.g., sounds or whispers), formless visual hallucinations or has sensory experiences in the presence of a modality-relevant stimulus (e.g., visual illusions) infrequently (e.g., 1-2 times per week) and with no functional impairment.
   轻度 在意识清晰时,听见声音在叫患者的名字,体验非言语性幻听(如声响或耳语),无具像的幻视,或在感官相关性刺激存在时有感觉体验(如错视),不经常出现(如每周1~2 次),且无功能受损。
3. **Moderate** Occasional verbal, visual, gustatory, olfactory or tactile hallucinations with no functional impairment OR non-verbal auditory hallucinations/visual illusions more than infrequently or with impairment.
   中度 偶有言语性幻听、幻视、幻味、幻嗅或幻触,无功能受损,**或**有非言语性幻听(或错

视),次数较多或伴功能受损。

4. **Moderately Severe** Experiences daily hallucinations OR some areas of functioning are disrupted by hallucinations.
   较重 每日都有幻觉**或**有些方面的功能因幻觉而受损。
5. **Severe** Experiences verbal or visual hallucinations several times a day OR many areas of functioning are disrupted by these hallucinations.
   严重 1d 几次出现言语性幻听或幻视,**或**许多方面的功能因这些幻觉而受损。
6. **Extremely Severe** Persistent verbal or visual hallucinations throughout the day OR most areas of functioning are disrupted by these hallucinations.
   极重 言语性幻听或幻视持续一整天,**或**大多数方面的功能因这些幻觉而受损。

"Do you ever seem to hear your name being called?" "您是否曾经似乎听见有人叫您的名字?"

"Have you heard any sounds or people talking to you or about you when there has been nobody around?" "您在周围没人时听见过有声响或有人在跟您说话或在谈论您吗?"

[If hears voices]:【如果听见的话】:

"What does the voice/voices say? Did it have a voice quality?" "这个声音(或这些声音)说了什么?它有讲话声的特性吗?"

"Do you ever have visions or see things that others do not see? What about smell odours that others do not smell?" "您曾有过幻象或看见他人没有看见的东西吗?闻到过他人没有闻到的气味吗?"

[If the individual reports hallucinations, ask the following]:【如果患者自述有幻觉的话,请询问如下问题】:

"Have these experiences interfered with your ability to perform your usual activities/work? How do you explain them? How often do they occur?" "这些体验妨碍您进行日常活动(或工作)的能力吗?您如何解释它们?它们多久出现一次?"

11. Unusual thought content 异常思维内容

Unusual, odd, strange, or bizarre thought content. Rate the degree of unusualness, not the degree of disorganisation of speech. Delusions are patently absurd, clearly false or bizarre ideas that are expressed with full conviction. Consider the individual to have full conviction if he/she has acted as though the delusional belief was true. Ideas of reference/persecution can be differentiated from delusions in that ideas are expressed with much doubt and contain more elements of reality. Include thought insertion, withdrawal and broadcast. Include grandiose, somatic and persecutory delusions even if rated elsewhere. Note: if Somatic Concern, Guilt, Suspiciousness or Grandiosity are rated 6 or 7 due to delusions, then Unusual Thought Content must be rated 4 or above. 不寻常的、古怪的、奇怪的或怪异的思维内容。评定不寻常的程度,而不是言语混乱的程度。妄想是明显荒唐的、明确虚假的或怪异的想法,却表达得百分百的确信。如果他(她)表现得似乎妄想信念是真的话,应考虑患者是完全相信的。牵连(或被害)观念可区分于妄想,因为观念表达得颇有疑惑,且含有更多现实元素。包括

思维插入、被夺和被广播。包括夸大、躯体和被害妄想，即使已在其他条目中被评分了。注意：如果担心身体健康、自罪、猜疑或夸大条目因为妄想而被评为 6 分或 7 分的话，则**异常思维内容条目**必须评为 4 分或以上。

1. **Very mild** Ideas of reference (people may stare or may laugh at him), ideas of persecution (people may mistreat him). Unusual beliefs in psychic powers, spirits, UFOs, or unrealistic beliefs in one's own abilities. Not strongly held. Some doubt.

   很轻 有牵连观念(人们可能盯视他或可能嘲笑他)，被害观念(人们可能虐待他)。对精神力量、鬼神、不明飞行物有不寻常信念，或对自身能力有非现实信念。非强烈坚持。有些怀疑。

2. **Mild** Same as 2, but degree of reality distortion is more severe as indicated by highly unusual ideas or greater conviction. Content may be typical of delusions (even bizarre), but without full conviction. The delusion does not seem to have fully formed, but is considered as one possible explanation for an unusual experience.

   轻度 与 2 分相同，但现实扭曲程度更严重，表现在极不寻常的观念或更强的信念。内容可能是典型的妄想(甚至是怪异的)，但未完全相信。妄想看上去未完全成型，但被视作异常体验的一种可能的解释。

3. **Moderate** Delusion present but no preoccupation or functional impairment. May be an encapsulated delusion or a firmly endorsed absurd belief about past delusional circumstances.

   中度 存在妄想，但未沉湎于此或无功能受损。可能是一种被压缩的妄想或是一种对过去妄想情形坚决拥护的荒唐信念。

4. **Moderately Severe** Full delusion(s) present with some preoccupation OR some areas of functioning disrupted by delusional thinking.

   较重 存在成型妄想且有些沉迷于此，**或**有些方面的功能因妄想性思维而受损。

5. **Severe** Full delusion(s) present with much preoccupation OR many areas of functioning are disrupted by delusional thinking.

   严重 存在成型妄想且很沉迷于此，**或**许多方面的功能因妄想性思维而受损。

6. **Extremely Severe** Full delusion(s) present with almost total preoccupation OR most areas of functioning disrupted by delusional thinking.

   极重 存在成型妄想且差不多完全沉迷于此，**或**大多数方面的功能因妄想性思维而受损。

"Have you been receiving any special messages from people or from the way things are arranged around you? Have you seen any references to yourself on TV or in the newspapers?" "您是否一直收到什么特殊信息来自别人或是来自事情被安排在您周围的方式？您在电视里或报纸上看见过跟您有关的消息吗？"

"Can anyone read your mind?" "有人能读出您的心思吗？"

"Do you have a special relationship with God?" "您与上帝有特殊关系吗？"

"Is anything like electricity, X-rays, or radio waves affecting you?" "有没有像电、X 线或无线电波之类的东西正在影响您？"

"Are thoughts put into your head that are not your own?" "有没有不是您自己的想法被放进您的头脑中?"

"Have you felt that you were under the control of another person or force?" "你感到过您处在其他的人或力量的控制下吗?"

[If individual reports any odd ideas/delusions, ask the following]:【如果患者自述有任何古怪的观念(或妄想)的话,请询问如下问题】:

"How often do you think about [use individual's description]?" "您想起【用患者自己的描述】的频度如何?"

"Have you told anyone about these experiences? How do you explain the things that have been happening [specify]?" "您将这些体验告诉过别人吗?您怎么解释一直在发生的事情【具体】?"

Rate items 12-13 on the basis of individual's self-report and observed behaviour.

根据患者的自述和观察到的行为评定条目 12~13。

12. Bizarre behaviour 怪异行为

Reports of behaviours which are odd, unusual, or psychotically criminal. Not limited to interview period. Include inappropriate sexual behaviour and inappropriate affect. 报告有古怪的、不寻常的或精神病性的犯罪行为。不限于访谈期间。包括不恰当的性行为和不适切的情感。

1. **Very mild** Slightly odd or eccentric public behaviour, e.g., occasionally giggles to self, fails to make appropriate eye contact, that does not seem to attract the attention of others OR unusual behaviour conducted in private, e.g., innocuous rituals, that would not attract the attention of others.

   很轻 轻微古怪的或怪癖的公共场合行为,如偶尔自笑,无法进行恰当的眼神接触,似乎没引起其他人注意的行为,**或**私下进行的不寻常行为,如不会引起他人注意的无关痛痒的仪式。

2. **Mild** Noticeably peculiar public behaviour, e.g., inappropriately loud talking, makes inappropriate eye contact, OR private behaviour that occasionally, but not always, attracts the attention of others, e.g., hoards food, conducts unusual rituals, wears gloves indoors.

   轻度 显著而奇特的公共场合行为,如不恰当的大声讲话,进行不恰当的眼神接触,**或**偶尔但不总是出现的私下行为,引起了他人注意,如囤积食物,进行不寻常的仪式,在室内戴手套。

3. **Moderate** Clearly bizarre behaviour that attracts or would attract (if done privately) the attention or concern of others, but with no corrective intervention necessary. Behaviour occurs occasionally, e.g., fixated staring into space for several minutes, talks back to voices once, inappropriate giggling/laughter on 1-2 occasions, talking loudly to self.

   中度 明显怪异的行为引起或会引起(若为私下进行的行为)他人的注意或关注,但无纠正性干预的必要。有偶尔发生的行为,如直愣愣凝视空中几分钟,与幻听声音对话一次,不适切的傻笑(或大笑)1~2 次,大声自语。

4. **Moderately Severe** Clearly bizarre behaviour that attracts or would attract (if done privately) the attention of others or the authorities, e.g., fixated staring in a socially disruptive way, frequent inappropriate giggling/laughter, occasionally responds to voices, or eats non-foods.
   较重 明显怪异的行为引起或会引起(若为私下进行的行为)他人或专家的注意,如以危害社会的方式直愣愣凝视,经常出现不适切的傻笑(或大笑),偶尔回应幻听声音,或吃非食物性物品。
5. **Severe** Bizarre behaviour that attracts attention of others and intervention by authorities, e.g., directing traffic, public nudity, staring into space for long periods, carrying on a conversation with hallucinations, frequent inappropriate giggling/laughter.
   严重 怪异行为引起他人的注意或专家的干预,如指挥交通,公共场合裸体,直愣愣凝视空中很长时间,与幻听进行对话,经常出现不适切的傻笑(或大笑)。
6. **Extremely Severe** Serious crimes committed in a bizarre way that attract the attention of others and the control of authorities, e.g., sets fires and stares at flames OR almost constant bizarre behaviour, e.g., inappropriate giggling/laughter, responds only to hallucinations and cannot be engaged in interaction.
   极重 以怪异方式进行的严重犯罪引起了他人的注意和专家的控制，如纵火且凝视火苗,**或**差不多持续出现的怪异行为,如不适切的傻笑(或大笑),只与幻听对答,且无法与之进行交往。

"Have you done anything that has attracted the attention of others?" "您有没有做过什么事引起过别人的注意?"

"Have you done anything that could have gotten you into trouble with the police?" "您有没有做过什么事使自己处于跟警察打交道的麻烦中?"

"Have you done anything that seemed unusual or disturbing to others?" "您有没有做过什么事看上去是不同寻常的或打扰到别人?"

13. Self-neglect 自我功能的忽视

Hygiene, appearance, or eating behaviour below usual expectations, below socially acceptable standards or life threatening. 个人卫生、外表、或进食行为低于通常的预期值,低于社会可接受的水平或有生命威胁性。

1. **Very mild** Hygiene/appearance slightly below usual community standards, e.g., shirt out of pants, buttons unbuttoned, shoe laces untied, but no social or medical consequences.
   很轻 个人卫生(或外表)稍低于通常的社会水准,如衬衫未束于裤腰内,纽扣未扣,鞋带未系,但无社会或医疗后果。
2. **Mild** Hygiene/appearance occasionally below usual community standards, e.g., irregular bathing, clothing is stained, hair uncombed, occasionally skips an important meal. No social or medical consequences.
   轻度 个人卫生(或外表)偶有低于通常的社会水准,如洗澡无规律,衣服沾色,头发未梳,偶尔跳过重要的一顿饭。无社会或医疗后果。
3. **Moderate** Hygiene/appearance is noticeably below usual community standards, e.g., fails

to bathe or change clothes, clothing very soiled, hair unkempt, needs prompting, noticeable by others OR irregular eating and drinking with minimal medical concerns and consequences.

中度 个人卫生(或外表)显著低于通常的社会水准,如不洗澡或不换衣服,衣服非常脏,头发蓬乱,明显需要他人的敦促,**或**饮食无规律,导致轻微的医疗关注和后果。

4. **Moderately Severe** Several areas of hygiene/appearance are below usual community standards OR poor grooming draws criticism by others and requires regular prompting. Eating or hydration are irregular and poor, causing some medical problems.

   较重 几个方面的个人卫生(或外表)低于通常的社会水准,**或**打扮糟糕,引来他人的批评,且需要被定期敦促。进食或个人卫生无规律且糟糕,导致一些医疗问题。

5. **Severe** Many areas of hygiene/appearance are below usual community standards, does not always bathe or change clothes even if prompted. Poor grooming has caused social ostracism at school/residence/work, or required intervention. Eating erratic and poor, may require medical intervention.

   严重 许多方面的个人卫生(或外表)低于通常的社会水准,不总是洗澡或换衣服,即使被敦促。打扮糟糕,已致在学校(或住处或工作)时遭社会排斥,或需要干预。进食无规律且很少,可能需要医疗干预。

6. **Extremely Severe** Most areas of hygiene/appearance/nutrition are extremely poor and easily noticed as below usual community standards OR hygiene/appearance/nutrition require urgent and immediate medical intervention.

   极重 大多数方面的个人卫生(或外表或营养)都极其糟糕,且因为低于通常的社会水准而易引起注意,**或**个人卫生(或外表或营养)需要迫切的和即刻的医疗干预。

"How has your grooming been lately? How often do you change your clothes? How often do you take showers? Has anyone (parents/staff) complained about your grooming or dress? Do you eat regular meals?" "您的打扮近来怎样?您多久换一次衣服?您多久洗一次澡?有谁(父母或工作人员)抱怨过您的打扮或衣着吗?您进餐规律吗?"

14. Disorientation 定向障碍

Does not comprehend situations or communications, such as questions asked during the entire BPRS interview. Confusion regarding person, place, or time. Do not rate if incorrect responses are due to delusions. 不理解处境或交流内容,如在整个 BPRS 访谈过程中被问及的问题。弄错有关人物、地点或时间的问题。如果不正确的回答是因妄想所致,则不在此项评分。

1. **Very mild** Seems muddled or mildly confused 1-2 times during interview. Oriented to person, place and time.

   很轻 整个访谈中似乎糊涂或轻度搞错 1~2 次。有关人物、地点和时间的定向。

2. **Mild** Occasionally muddled or mildly confused 3-4 times during interview. Minor inaccuracies in person, place, or time, e.g., date off by more than 2 days, or gives wrong division of hospital or community centre.

   轻度 整个访谈中有时糊涂或轻度搞错 3~4 次。在人物、地点或时间问题上回答轻度不

准确,如日期差 2d 以上,或弄错医院或社区中心的所在区域。

3. **Moderate** Frequently confused during interview. Minor inaccuracies in person, place, or time are noted, as in 3 above. In addition, may have difficulty remembering general information, e.g., name of Prime Minister.
   中度 整个访谈中经常出错。被记录到在人物、地点或时间问题上的回答轻度不准确,如在以上 3 分中所述一样。而且,可能很难记得一般信息,如总理的姓名。
4. **Moderately Severe** Markedly confused during interview, or to person, place, or time. Significant inaccuracies are noted, e.g., date off by more than one week, or cannot give correct name of hospital. Has difficulty remembering personal information, e.g., where he/she was born or recognising familiar people.
   较重 整个访谈中或在人物、地点或时间问题上出错明显。被记录到回答明显不准确,如在日期差 1 周以上,或不能正确说出医院的名称。很难记得个人信息,如他(她)的出生地或认识的熟人。
5. **Severe** Disoriented as to person, place, or time, e.g., cannot give correct month and year. Disoriented in 2 out of 3 spheres.
   严重 在人物、地点或时间问题上存在定向障碍,如不能正确说出月份和年份。3 项里有 2 项存在定向障碍。
6. **Extremely Severe** Grossly disoriented as to person, place, or time, e.g., cannot give name or age. Disoriented in all three spheres.
   极重 在人物、地点或时间问题上存在明显定向障碍,如不能说出姓名和年龄。在所有 3 项里都存在定向障碍。

"May I ask you some standard questions we ask everybody?" "我可以问您一些我们对每个人都问的标准问题吗?"

"How old are you? What is the date [allow 2 days]?" "您几岁了?今天的日期是什么【允许差 2d】?"

"What is this place called? What year were you born? Who is the Prime Minister?" "这个地方叫什么?您出生于哪一年?总理是谁?"

Rate items 15-24 on the basis of observed behaviour and speech.

根据观察到的行为和言语评定条目 15~24。

15. Conceptual disorganisation 概念紊乱

Degree to which speech is confused, disconnected, vague or disorganised. Rate tangentiality, circumstantiality, sudden topic shifts, incoherence, derailment, blocking, neologisms, and other speech disorders. Do not rate content of speech. 评定言语混乱、不连贯、模糊或紊乱的程度。评定离题、赘述、突然转换话题、不连贯、出轨、阻隔、语词新作和其他言语障碍。不评定言语内容。

1. **Very mild** Peculiar use of words or rambling but speech is comprehensible.
   很轻 用词特别或漫谈,但言语可理解。
2. **Mild** Speech a bit hard to understand or make sense of due to tangentiality, circumstantiality,

or sudden topic shifts.

轻度 因离题、赘述或突然转换话题而使得言语有点难以理解或讲得通。

3. **Moderate** Speech difficult to understand due to tangentiality, circumstantiality, idiosyncratic speech, or topic shifts on many occasions OR 1-2 instances of incoherent phrases.

   中度 因许多次的离题、赘述、特有的习惯用语或话题转换而使言语内容难以理解，**或**出现 1~2 次的不连贯词组。

4. **Moderately Severe** Speech difficult to understand due to circumstantiality, tangentiality, neologisms, blocking or topic shifts most of the time, OR 3-5 instances of incoherent phrases.

   较重 因大多数时间都存在赘述、离题、语词新作、阻隔或话题转换而使言语内容难以理解，**或**出现 3~5 次的不连贯词组。

5. **Severe** Speech is incomprehensible due to severe impairment most of the time. Many BPRS items cannot be rated by self-report alone.

   严重 因大多数时间都存在严重缺陷而使言语内容费解。许多 BPRS 条目不能单凭自述来评定。

6. **Extremely Severe** Speech is incomprehensible throughout interview.

   极重 整个访谈中言语内容费解。

16. Blunted affect 情感迟钝

Restricted range in emotional expressiveness of face, voice, and gestures. Marked indifference or flatness even when discussing distressing topics. In the case of euphoric or dysphoric individuals, rate Blunted Affect if a flat quality is also clearly present. 脸部、声音和姿势的情感变化范围受限。甚至在讨论痛苦话题时也显得明显的漠不关心或平淡。对于欣快或烦躁不安的患者，如果平淡特性也明确存在的话，也应在**情感迟钝条目**评分。

1. **Very mild** Emotional range is slightly subdued or reserved but displays appropriate facial expressions and tone of voice that are within normal limits.

   很轻 情感变化范围轻度减小或有所保留，但仍显示出在正常范围内的恰当的表情和语调。

2. **Mild** Emotional range overall is diminished, subdued or reserved, without many spontaneous and appropriate emotional responses. Voice tone is slightly monotonous.

   轻度 情感变化范围总体上是缩减的、减小的或有所保留的，没有许多自发而恰当的情感反应。语调是轻度单调的。

3. **Moderate** Emotional range is noticeably diminished, individual doesn't show emotion, smile or react to distressing topics except infrequently. Voice tone is monotonous or there is noticeable decrease in spontaneous movements. Displays of emotion or gestures are usually followed by a return to flattened affect.

   中度 情感变化范围明显变小，患者不显示情感、微笑或对痛苦话题的反应，除非偶一为之。语调单调或自发动作明显减少。情感或姿势的表达后通常又回到平淡的情感。

4. **Moderately Severe** Emotional range very diminished, individual doesn't show emotion, smile, or react to distressing topics except minimally, few gestures, facial expression does

not change very often. Voice tone is monotonous much of the time.

较重 情感变化范围变小十分明显，患者不显示情感、微笑或对痛苦话题的反应，除了极少的微乎其微的姿势，脸部表情常常是无变化的。许多时候语调是单调的。

5. **Severe** Very little emotional range or expression. Mechanical in speech and gestures most of the time. Unchanging facial expression. Voice tone is monotonous most of the time.

   严重 情感变化范围极小或情感表达极少。大多数时间里言语和姿势很机械。脸部表情无变化。大多数时间里语调是单调的。

6. **Extremely Severe** Virtually no emotional range or expressiveness, stiff movements. Voice tone is monotonous all of the time.

   极重 事实上没有情感变化范围或情感表达，动作僵硬。语调一直是单调的。

Use the following probes at end of interview to assess emotional responsivity: 在访谈结束时用下列提问来评估情感反应：

"Have you heard any good jokes lately? Would you like to hear a joke?" "您最近听到过什么好的笑话吗？您想听笑话吗？"

17. Emotional withdrawal 情绪退缩

Deficiency in individual's ability to relate emotionally during interview situation. Use your own feeling as to the presence of an "invisible barrier" between individual and interviewer. Include withdrawal apparently due to psychotic processes. 在访谈场合中，患者缺乏情感联络的能力。鉴于在患者和访谈者之间存在一道"无形的屏障"，请运用您自己的感受。包括明显因为存在精神病性症状而退缩。

1. **Very mild** Lack of emotional involvement shown by occasional failure to make reciprocal comments, appearing preoccupied, or smiling in a stilted manner, but spontaneously engages the interviewer most of the time.

   很轻 缺乏情感投入，表现为偶尔不能作出回应性评论，显得心事重重，或以不自然的方式微笑，但大多数时间能自发地接触访谈者。

2. **Mild** Lack of emotional involvement shown by noticeable failure to make reciprocal comments, appearing preoccupied, or lacking in warmth, but responds to interviewer when approached.

   轻度 缺乏情感投入，表现为明显不能作出回应性评论，显得心事重重，或缺乏热情，但能在访谈者接触时回答他的提问。

3. **Moderate** Emotional contact not present much of the interview because individual does not elaborate responses, fails to make eye contact, doesn't seem to care if interviewer is listening, or may be preoccupied with psychotic material.

   中度 访谈中许多时间里无情感接触，因为患者不作详细回答，无法进行目光接触，似乎不在意访谈者是否在倾听，或可能专注于精神病性内容。

4. **Moderately Severe** Same as 4 but emotional contact not present most of the interview.

   较重 同4分，但访谈中大多数时间里无情感接触。

5. **Severe** Actively avoids emotional participation. Frequently unresponsive or responds with

yes/no answers (not solely due to persecutory delusions). Responds with only minimal affect.
严重 主动回避情感分享。经常不作回答或用“是(或否)”作答(不单单因为被害妄想)。仅用最少的情感来回答。

6. **Extremely Severe** Consistently avoids emotional participation. Unresponsive or responds with yes/no answers (not solely due to persecutory delusions). May leave during interview or just not respond at all.
极重 持续回避情感分享。不予回答或用“是(或否)”作答(不单单因为被害妄想)。可能在访谈中离开或干脆不答。

18. Motor retardation 运动迟缓

Reduction in energy level evidenced by slowed movements and speech, reduced body tone, decreased number of spontaneous body movements. Rate on the basis of observed behaviour of the individual only. Do not rate on the basis of individual's subjective impression of his own energy level. Rate regardless of medication effects. 能动水平下降,表现为动作和言语的减慢,体质变弱,自发性身体动作的数量减少。仅根据观察到的患者行为来评分。不要根据患者对他自己能动水平的主观印象来评分。评分时不要考虑药物作用。

1. **Very mild** Slightly slowed or reduced movements or speech compared to most people.
很轻 相比于大多数人,动作或言语轻度减慢或减少。
2. **Mild** Noticeably slowed or reduced movements or speech compared to most people.
轻度 相比于大多数人,动作或言语明显减慢或减少。
3. **Moderate** Large reduction or slowness in movements or speech.
中度 动作或言语大幅度减少或减慢。
4. **Moderately Severe** Seldom moves or speaks spontaneously OR very mechanical or stiff movements.
较重 很少有自发性动作或讲话,或动作非常机械或僵硬。
5. **Severe** Does not move or speak unless prodded or urged.
严重 不做动作或不讲话除非被督促或催促。
6. **Extremely Severe** Frozen, catatonic.
极重 冻住样,紧张样。

19. Tension 紧张

Observable physical and motor manifestations of tension, "nervousness" and agitation. Self-reported experiences of tension should be rated under the item on anxiety. Do not rate if restlessness is solely akathisia, but do rate if akathisia is exacerbated by tension. 可观察到躯体和动作上的紧张、“神经质”和激越表现。自述的紧张体验应在焦虑条目下评分。如果坐立不安仅仅是静坐不能的话,不要评分,但如果静坐不能因紧张而加重,则要评分。

1. **Very mild** More fidgety than most but within normal range. A few transient signs of tension, e.g., picking at fingernails, foot wagging, scratching scalp several times or finger tap-

ping.

很轻 比大多数人更显局促不安，但在正常范围内。有几个短暂的紧张体征，如拉扯指甲，脚部摆动，挠抓头皮几次或手指敲击。

2. **Mild** Same as 2, but with more frequent or exaggerated signs of tension.
   轻度 同 2 分，但紧张体征更频繁或更重。
3. **Moderate** Many and frequent signs of motor tension with one or more signs sometimes occurring simultaneously, e.g., wagging one's foot while wringing hands together. There are times when no signs of tension are present.
   中度 有许多频繁出现的紧张性动作的体征，为一种体征或有时是几种体征同时出现，如将手绞在一起同时摆动脚部。有时候无紧张性体征存在。
4. **Moderately Severe** Many and frequent signs of motor tension with one or more signs often occurring simultaneously. There are still rare times when no signs of tension are present.
   较重 有许多频繁出现的紧张性动作的体征，为一种体征或经常是几种体征同时出现。仍有少数几次无紧张性体征存在。
5. **Severe** Same as 5, but signs of tension are continuous.
   严重 同 5 分，但紧张体征持续存在。
6. **Extremely Severe** Multiple motor manifestations of tension are continuously present, e.g., continuous pacing and hand wringing.
   极重 持续存在多种紧张性动作表现，如持续地踏步和绞手。

20. Unco-operativeness 不合作

Resistance and lack of willingness to co-operate with the interview. The uncooperativeness might result from suspiciousness. Rate only unco-operativeness in relation to the interview, not behaviours involving peers and relatives. 拒绝且不愿意配合访谈。不合作可能系猜疑所致。只评定与访谈有关的不合作，不评定涉及到同行和亲戚的行为。

1. **Very mild** Shows non-verbal signs of reluctance, but does not complain or argue.
   很轻 显出不情愿的非言语迹象，但没有抱怨或争辩。
2. **Mild** Gripes or tries to avoid complying, but goes ahead without argument.
   轻度 抱怨或试图避免去依从，但还是没有争辩就去做了。
3. **Moderate** Verbally resists but eventually complies after questions are rephrased or repeated.
   中度 口头抗拒，但最终在问题被重提或重复后即依从。
4. **Moderately Severe** Same as 4, but some information necessary for accurate ratings is withheld.
   较重 同 4 分，但对于精确评定来说是必要的一些信息被拒绝提供。
5. **Severe** Refuses to co-operate with interview, but remains in interview situation.
   严重 拒绝配合访谈，但仍能呆在访谈场合中。
6. **Extremely Severe** Same as 6, with active efforts to escape the interview.
   极重 同 6 分，主动努力逃离访谈场合。

21. Excitement 兴奋

Heightened emotional tone or increased emotional reactivity to interviewer or topics being discussed, as evidenced by increased intensity of facial expressions, voice tone, expressive gestures or increase in speech quantity and speed. 情绪基调提高,或对访谈者或对正被讨论的话题的情绪反应变大,表现在脸部表情、音调、表达性手势的强度增大或语量和语速的增加。

1. **Very mild** Subtle and fleeting or questionable increase in emotional intensity. For example, at times seems keyed-up or overly alert.
   很轻 情感强度细微且飞逝的或可疑的增大。比如,有时似乎易激动或过于警觉。
2. **Mild** Subtle but persistent increase in emotional intensity. For example, lively use of gestures and variation in voice tone.
   轻度 情感强度细微但持续的增大。比如,手势使用多且语调变化大。
3. **Moderate** Definite but occasional increase in emotional intensity. For example, reacts to interviewer or topics that are discussed with noticeable emotional intensity. Some pressured speech.
   中度 情感强度明确但偶尔的增大。比如,对访谈者或对被讨论话题的反应带有显而易见的情感强度。有时讲话有紧迫感。
4. **Moderately Severe** Definite and persistent increase in emotional intensity. For example, reacts to many stimuli, whether relevant or not, with considerable emotional intensity. Frequent pressured speech.
   较重 情感强度明确且持续的增大。比如,对许多刺激(不管有无关联)的反应都带有相当大的情感强度。讲话经常有紧迫感。
5. **Severe** Marked increase in emotional intensity. For example, reacts to most stimuli with inappropriate emotional intensity. Has difficulty settling down or staying on task. Often restless, impulsive, or speech is often pressured.
   严重 情感强度明显增大。比如,对大多数刺激的反应都带有不恰当的情感强度。安静下来或继续做某事有困难。经常显得坐立不安、冲动,或讲话经常有紧迫感。
6. **Extremely Severe** Marked and persistent increase in emotional intensity. Reacts to all stimuli with inappropriate intensity, impulsiveness. Cannot settle down or stay on task. Very restless and impulsive most of the time. Constant pressured speech.
   极重 情感强度明显且持续的增大。对所有刺激的反应都带有不恰当的情感强度、冲动性。不能安静下来或继续做某事。大多数时间里显得十分坐立不安和冲动。讲话持续有紧迫感。

22. Distractibility 注意力不集中

Degree to which observed sequences of speech and actions are interrupted by stimuli unrelated to the interview. Distractibility is rated when the individual shows a change in the focus of attention as characterised by a pause in speech or a marked shift in gaze. Individual's attention may be drawn to noise in adjoining room, books on a shelf, interviewer's clothing,

etc. Do not rate circumstantiality, tangentiality or flight of ideas. Also, do not rate rumination with delusional material. Rate even if the distracting stimulus cannot be identified. 评定观察到的讲话和行动的顺序被与访谈无关的刺激所打断的程度。当患者显出注意集中有变化,即以讲话停顿或注视的目光有明显转移为特征时,应被评为注意力不集中。患者的注意力可能被隔壁房间的噪声、书架上的书、访谈者的衣服等所吸引。不应评为赘述、离题或思维奔逸。也不应评为反复思考妄想性内容。即使无法明确使人分心的刺激,也可评定此项。

1. **Very mild** Generally can focus on interviewer's questions with only 1 distraction or inappropriate shift of attention of brief duration.
   很轻 总的来说能集中于访谈者的问题, 仅有 1 次持续短暂的注意力分散或不恰当的转移。
2. **Mild** Individual shifts focus of attention to matters unrelated to the interview 2-3 times.
   轻度 患者将注意力转移到与访谈无关的事情上有 2~3 次。
3. **Moderate** Often responsive to irrelevant stimuli in the room, e.g., averts gaze from the interviewer.
   中度 经常对房间里的无关刺激起反应,如将注视的目光从访谈者身上移开。
4. **Moderately Severe** Same as above, but now distractibility clearly interferes with the flow of the interview.
   较重 同上述评分,但注意力不集中已明确妨碍访谈过程。
5. **Severe** Extremely difficult to conduct interview or pursue a topic due to preoccupation with irrelevant stimuli.
   严重 因专注于无关刺激,所以进行访谈或坚持一个话题则显得极其困难。
6. **Extremely Severe** Impossible to conduct interview due to preoccupation with irrelevant stimuli.
   极重 因专注于无关刺激,所以不可能进行访谈。

23. Motor hyperactivity 活动过多

Increase in energy level evidenced in more frequent movement and/or rapid speech. Do not rate if restlessness is due to akathisia. 能动水平提高,表现在动作更频繁和(或)语速更快。如果坐立不安是因为静坐不能的话,不要在此项评分。

1. **Very mild** Some restlessness, difficulty sitting still, lively facial expressions, or somewhat talkative.
   很轻 有些坐立不安,很难静坐,表情活跃,或有点贫嘴。
2. **Mild** Occasionally very restless, definite increase in motor activity, lively gestures, 1-3 brief instances of pressured speech.
   轻度 偶尔显得十分坐立不安,动作活动明确增多,手势颇多,有 1~3 次短暂的讲话紧迫。
3. **Moderate** Very restless, fidgety, excessive facial expressions, or non-productive and repetitious motor movements. Much pressured speech, up to one-third of the interview.

中度 显得十分坐立不安，烦躁，表情过多，或动作行为无成效且重复。有许多次讲话紧迫，占到访谈的 1/3 时间。

4. **Moderately Severe** Frequently restless, fidgety. Many instances of excessive non-productive and repetitious motor movements. On the move most of the time. Frequent pressured speech, difficult to interrupt. Rises on 1-2 occasions to pace.

   较重 常常显得坐立不安，烦躁。有许多次动作行为显得过于无成效且重复。大多数时间都在动。讲话经常紧迫，很难打断。有 1~2 次起身踱步。

5. **Severe** Excessive motor activity, restlessness, fidgety, loud tapping, noisy, etc., throughout most of the interview. Speech can only be interrupted with much effort. Rises on 3-4 occasions to pace.

   严重 动作行为过多、坐立不安、烦躁、大声敲击、吵闹等，贯穿访谈的大部分时间。讲话需费很大劲才可被打断。有 3~4 次起身踱步。

6. **Extremely Severe** Constant excessive motor activity throughout entire interview, e.g., constant pacing, constant pressured speech with no pauses, individual can only be interrupted briefly and only small amounts of relevant information can be obtained

   极重 动作行为一直过多，贯穿整个访谈，如不断踱步，讲话一直紧迫而没有停顿，患者只能被短暂地打断，且只能获得少量的相关信息。

24. Mannerisms and posturing 装相和作态

Unusual and bizarre behaviour, stylised movements or acts, or any postures which are clearly uncomfortable or inappropriate. Exclude obvious manifestations of medication side effects. Do not include nervous mannerisms that are not odd or unusual. 不寻常的且怪异的行为，程式化的动作或举动，或任何明确令人不适或不恰当的姿势。排除明显的药物不良反应表现。不包括并非古怪的或不寻常的紧张性做作。

1. **Very mild** Eccentric or odd mannerisms or activity that ordinary persons would have difficulty explaining, e.g., grimacing, picking. Observed once for a brief period.

   很轻 怪癖的或古怪的装相，或普通人很难解释的活动，如扮鬼脸、捡拾物品。观察到 1 次持续较短时间。

2. **Mild** Same as 2, but occurring on two occasions of brief duration.

   轻度 同 2 分，但出现 2 次持续较短时间。

3. **Moderate** Mannerisms or posturing, e.g., stylised movements or acts, rocking, nodding, rubbing, or grimacing, observed on several occasions for brief periods or infrequently but very odd. For example, uncomfortable posture maintained for 5 seconds more than twice.

   中度 装相或作态，如程式化的动作或举动、摇晃、点头、摩拳擦掌、或扮鬼脸，观察到几次持续较短时间或少数几次但非常古怪。比如，令人不适的姿势维持 5s 超过 2 次。

4. **Moderately Severe** Same as 4, but occurring often, or several examples of very odd mannerisms or posturing that are idiosyncratic to the individual.

   较重 同 4 分，但经常发生，或只有几次却非常古怪的装相或作态，对患者而言是癖好性的。

5. **Severe** Frequent stereotyped behaviour, assumes and maintains uncomfortable or inappropriate postures, intense rocking, smearing, strange rituals or foetal posturing. Individual can interact with people and the environment for brief periods despite these behaviours.
   严重 经常出现刻板行为，采取并维持令人不适或不恰当的姿势、强烈摇晃、涂抹污物、奇怪的仪式或胎儿姿态。尽管有这些行为，患者能与人和环境接触较短时间。
6. **Extremely Severe** Same as 6, but individual cannot interact with people or the environment due to these behaviours.
   极重 同6分，但因为这些行为，患者不能与人或环境接触。

附　　录

BPRS-E 评定说明

本量表为BPRS的扩展版(Expanded Version 4.0)，主要用于评定精神分裂症患者的病情严重程度和疗效。

BPRS作为用于精神分裂症症状评定的3个主要量表之一，最初的版本(1962年)只有18个条目：担心身体健康、焦虑、抑郁、自罪、敌意、夸大、猜疑、幻觉、异常思维内容、定向障碍、概念紊乱、情感迟钝、情绪退缩、运动迟缓、紧张、不合作、兴奋、装相和作态。评定依据为对患者的观察和患者的自我报告。尽管该量表不仅仅适用于精神分裂症，但其评定范围仅涉及阳性、阴性、情感和行为症状。扩展版共24个条目，新增的6个条目是：自杀、情感高涨、怪异行为、自我功能的忽视、注意力不集中、活动过多，即加强了对阴性症状和情感症状的评定。

评分为1~7分共7级。

一次访谈评定约需30min的时间。

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3. Lukoff D, Nuechterlein KH, Ventura J. Manual for the Expanded Brief Psychiatric Rating Scale. Schizophr Bull, 1986,13:594-602.

三、阴性症状评估-16项条目版本(NSA-16)

阴性症状评估–16项条目版本(Negative Symptom Assessment -16 Item Version, NSA-16)

1. Prolonged time to respond 回答时间延长

1. No abnormal pauses before speaking 在讲话前无异常停顿
2. Minimal evidence of inappropriate pauses, maybe extreme of normal 有极少的不恰当停顿

表现,可能是处于正常范围的边缘
3. Occasionally pauses long enough before answering the question to cause you to wonder whether he/she heard it 偶尔在回答问题前会停顿较长时间,让您怀疑他(或她)是否已听到问题
4. Pauses occur frequently (20%-40% of responses) 经常停顿(占回答的 20%~40%)
5. Pauses occur most of the time (40%-80% of responses) 大多数时间都会停顿(占回答的 40%~80%)
6. Pauses occur with almost every response (80%-100% of responses) 差不多每次回答都会停顿(占回答的 80%~100%)
9. Not ratable (use only when all efforts to rate this item have failed) 无法评定(仅在评估该条目的所有努力均告失败时使用)

2. Restricted speech quantity 语量有限

1. Normal speech quantity 语量正常
2. Minimal reduction in quantity, may be extreme of normal 语量略有减少,可能是处于正常范围的边缘
3. Speech seems reduced, but more can be obtained with minimal prodding 语量似有减少,但稍加鼓励便会增加语量
4. Speech is maintained only by regularly prodding the subject 只有经常鼓励患者才能维持谈话
5. Responses are usually limited to a few words and/or details are only obtained by prodding or bribing 通常回答只限于几个词,和(或)仅在受到鼓励或诱导后才能详加说明
6. Responses are usually non-verbal or limited to 1 or 2 word answer (despite one's best efforts to get the subject to elaborate) 通常以非语言方式作答,或仅回答一二个词(尽管访谈者已尽最大努力引导患者详细说明)
9. Not ratable (use only when all efforts to rate this item have failed) 无法评定(仅在评估该项目的所有努力均告失败时使用)

3. Impoverished speech content 言语内容贫乏

1. Normal speech content 言语内容正常
2. Minimal reduction in content may be extreme of normal 言语内容略有减少,可能是处于正常范围的边缘
3. Ideas are sometimes vague 观点有时模糊
4. Ideas are vague and/or some ideas remain vague even after the interviewer asks for clarification 观点模糊,和(或)甚至在访谈者要求澄清后,部分观点仍模糊
5. Ideas remain vague even after the interviewer asks for clarification 甚至在访谈者要求澄清后,观点仍模糊
6. No ideas can be clarified beyond vague 没有观点是能够澄清的,都模糊不清
9. Not ratable (use only when all efforts to rate this item have failed) 无法评定(仅在评估

该项目的所有努力均告失败时使用)

4. Inarticulate speech 言语表达不清

1. Clear speech not mumbled 言语表达清楚、不含糊
2. Minimal garbled speech may be extreme of normal 言语表达略显混乱,可能是处于正常范围的边缘
3. A few words slurred but can be understood in context 有些词含糊不清,但结合上下文后可以明白
4. The subject must occasionally be asked to repeat mumbled words 偶尔必须请患者重复含糊的词
5. Many words are difficult to understand the subject must frequently be asked to repeat but on repeating can usually be understood 很多词难以理解,必须经常请患者重复,但重复后通常便可以弄明白
6. Little language can be understood even after repeating 即使经过重复,也极少能明白患者的意思
9. Not ratable (use only when all efforts to rate this item have failed) 无法评定(仅在评估该项目的所有努力均告失败时使用)

5. Emotion: Reduced range 情绪:范围减小

1. Normal range of emotion 情绪范围正常
2. Minimal reduction in range may be extreme of normal 情绪范围略减小,可能是处于正常范围的边缘
3. Range seems restricted relative to a normal person but during the specified time frame subject convincingly reports at least 4 emotions 相对于正常人,情绪范围似乎受限,但是在规定的时间段内,患者令人信服地报告至少 4 种情绪
4. Subject convincingly identifies 2 or 3 emotional experiences 患者令人信服地确认 2 种或 3 种情绪体验
5. Subject convincingly identifies only 1 emotional experience 患者令人信服地确认仅有 1 种情绪体验
6. Subject reports little or no emotional range 患者报告的情绪范围很小或无
9. Not ratable (use only when all efforts to rate this item have failed) 无法评定(仅在评估该项目的所有努力均告失败时使用)

6. Affect: Reduced modulation of intensity 情感:强度调节减弱

1. Normal modulations of affect 情感调节正常
2. Minimal reduction of modulation may be extreme of normal 情感调节略减弱,可能是处于正常范围的边缘
3. Affective intensity is muted relative to normal but some spontaneous change in affective intensity appropriate to the content of conversation is observed 相对于正常人,情感强度

是减弱的,但是可观察到与谈话内容相称的自发性情感强度变化
4. Affective responses are clearly blunted; but by asking more pointed questions, appropriate changes in affective intensity can be elicited 情感反应明显迟钝,但当被问及更尖锐的问题时,可引出情感强度的适当变化
5. Intensity of affect is modulated only slightly even after prodding 甚至在受到鼓励之后,情感强度的调节仍很微弱
6. Affective responses are never modulated even after prodding 甚至在受到鼓励之后,情感反应也从未有所调节
9. Not ratable (use only when all efforts to rate this item have failed) 无法评定(仅在评估该项目的所有努力均告失败时使用)

7. Affect: Reduced display on demand 情感:要求下的情感展示减少
1. Subject convincingly displays all requested affective expressions 患者令人信服地展示所有被要求的情感表情
2. Subject convincingly displays 5 of 6 requested affective expressions 患者令人信服地展示被要求的 6 种情感表情中的 5 种
3. Subject displays any 4 of 6 requested affective expressions 患者展示被要求的 6 种情感表情中的任意 4 种
4. Subject displays any 2 or 3 of 6 requested affective expressions 患者展示被要求的 6 种情感表情中的任意 2 种或 3 种
5. Subject displays any 1 of 6 requested affective expressions 患者展示被要求的 6 种情感表情中的任意 1 种
6. Subject is unable to display any of the affective expressions 患者无法展示任何情感表情
9. Not ratable (use only when all efforts to rate this item have failed) 无法评定(仅在评估该项目的所有努力均告失败时使用)

8. Reduced social drive 社交动力减少
1. Normal social drive 社交动力正常
2. Minimal reduction in social drive may be extreme of normal 社交动力略减少,可能是处于正常范围的边缘
3. Desire for social interactions seems somewhat reduced 社交欲望似乎有些减少
4. Obvious reduction in desire to initiate social contacts but a number of contacts are initiated each week 发起社交联系的欲望明显减少,但是每周仍发起许多联系
5. Marked reduction in the subject's desire to initiate social contacts, but a few contacts are maintained at subject's initiation (as with family) 患者发起社交联系的欲望明显减少,但仍会保持几次由患者发起的联系(如与家人联系)
6. No desire to initiate any social interactions 无发起任何社交往来的欲望
9. Not ratable (use only when all efforts to rate this item have failed) 无法评定(仅在评估该项目的所有努力均告失败时使用)

9. Poor rapport with interviewer 与访谈者关系欠融洽

1. Normal rapport 正常的融洽关系
2. Minimal reduction in rapport may be extreme of normal 关系略欠融洽，可能是处于正常范围的边缘
3. Interviewer sometimes has to carry the conversation because the subject's interest seems reduced 访谈者有时不得不引领谈话，因为患者的兴趣似乎减少了
4. Interchanges are generally dull and uninspiring interviewer must often lead the conversation because subject is detached 总体而言，交流沉闷而平淡，访谈者必须经常引领谈话，因为患者游离在外
5. Interviewer must prod to engage the subject in the interview 访谈者必须加以鼓励以使患者加入到访谈中
6. Prodding does not result in engagement with the interviewer 即使鼓励也不能使患者加入到与访谈者的谈话中
9. Not ratable (use only when all efforts to rate this item have failed) 无法评定(仅在评估该项目的所有努力均告失败时使用)

10. Sexual interest 性兴趣

1. Desires to engage in some form of sexual activity once a day or more 有每日进行 1 次或多次某种形式性活动的欲望
2. Desires to engage in some form of sexual activity 3-6 times a week 有每周进行 3~6 次某种形式性活动的欲望
3. Desires to engage in some form of sexual activity once or twice a week 有每周进行 1 次或 2 次某种形式性活动的欲望
4. Desires to engage in some form of sexual activity 1-3 time a month 有每月进行 1~3 次某种形式性活动的欲望
5. Desires to engage in some form of sexual activity several times a year 有每年进行几次某种形式性活动的欲望
6. No sexual interest is reported 报告称无性兴趣
9. Not ratable (use only when all efforts to rate this item have failed) 无法评定(仅在评估该项目的所有努力均告失败时使用)

11. Poor grooming and hygiene 修饰和卫生状况欠佳

1. Normal grooming and hygiene 修饰和卫生状况正常
2. Minimal reduction of grooming and hygiene may be extreme of normal 修饰和卫生状况略欠佳，可能是处于正常范围的边缘
3. Clean but untidy or clothes are mismatched 干净但不整齐，或衣服搭配不当
4. Clothes are unkempt and unbuttoned (looks as if subject just got out of bed) 衣服邋遢且未系纽扣(看上去好像患者刚起床)
5. Clothes are dirty or stained, or has an odor 衣服肮脏或有污渍，或有气味

6. Clothes are badly soiled and/or subject has a foul odor 衣服非常脏和(或)患者有臭味
9. Not ratable (use only when all efforts to rate this item have failed 无法评定(仅在评估该项目的所有努力均告失败时使用)

12. Reduced sense of purpose 目标感降低

1. Normal sense of purpose 目标感正常
2. Minimal reduction in purpose may be extreme of normal 目标感略降低,可能是处于正常范围的边缘
3. Life goals somewhat vague but current activities suggest purpose 生活目标有点儿模糊,但是当前的活动暗示着目标性
4. Subject has difficulty coming up with life goals but activities are directed toward limited goal or goals 患者难以提出生活目标,但其活动直接指向一个或多个有限目标
5. Goals are very limited or have to be suggested and activities are not focused toward achieving any of them 目标很有限或需要被提示,且其活动未着眼于实现其中任一目标
6. No identifiable life goals 没有可识别的生活目标
9. Not ratable (use only when all efforts to rate this item have failed) 无法评定(仅在评估该项目的所有努力均告失败时使用)

13. Reduced hobbies and interest 业余爱好和兴趣减少

1. Normal interests 兴趣正常
2. Minimal reduction in interests may be extreme of normal 兴趣略减少,可能是处于正常范围的边缘
3. Range of interests and/or commitment to them seems diminished 兴趣范围和(或)投入程度似乎减小
4. Range of interests is clearly diminished and is not particularly committed to interests held 兴趣范围明显减小,且并未特别投入于所持兴趣
5. Only 1 or 2 interests reported and these pursued superficially 只报告 1 项或 2 项兴趣,且只是表面上的追求
6. No identifiable goals 没有可识别的目标
9. Not ratable (use only when all efforts to rate this item have failed) 无法评定(仅在评估该项目的所有努力均告失败时使用)

14. Reduced daily activity 日常活动减少

1. Normal daily activity 日常活动正常
2. Minimal reduction in activity may be extreme of normal 活动略减少,可能是处于正常范围的边缘
3. Employed attends school or volunteers but is under achieving few hobbies 从业、上学或担任义工,但表现出兴趣
4. Not involved in the activities expected of a normal young person (may be unemployed, or

minimally employed for education, but may be involved in a mental health program one or more days a week）没有参加正常年轻人会参加的活动（可能失业、或因缺乏教育而极少就业，但可能 1 周中有 1d 或几日参与精神健康活动）

5. Most of day spent doing activities things that require minimal mental or physical exertion（watches TV, smokes, drinks coffee, walks to store, but may be involved in a mental health program one or more days a week）1d 中的大部分时间花费在极少需要耗费脑力或体力的活动上（看电视、吸烟、喝咖啡、去商店，但可能 1 周中有 1d 或几日参与精神健康活动）
6. Most of day is spent sitting in a chair or lying in bed has little or no regard for what goes on in immediate environment 1d 中的大部分时间坐在椅子上或躺在床上，对身边环境中发生的事情很少或根本不关心
9. Not ratable（use only when all efforts to rate this item have failed）无法评定（仅在评估该项目的所有努力均告失败时使用）

15. Reduced expressive gestures 表达性手势减少

1. Normal expressive gestures 表达性手势正常
2. Minimal reduction in gestures may be extreme of normal 使用手势略减少，可能是处于正常范围的边缘
3. Hand and head gestures normally seen during conversation are reduced 交谈中通常可见的手势或头部动作减少
4. Hand or head gestures are infrequent gestures may be limited to periods when the subject is discussing topics of special interest 手势或头部动作少见，可能仅限于在患者讨论特别感兴趣的话题时才使用
5. Gestures infrequent even during discussion of highly emotional topics 即使在讨论情绪高涨的话题时，手势也少见
6. Gestures are never observed 从未观察到使用手势
9. Not ratable（use only when all efforts to rate this item have failed）无法评定（仅在评估该项目的所有努力均告失败时使用）

16. Slowed movements 动作迟缓

1. Normal speed of movements 动作速度正常
2. Minimal reduction in speed of movements may be extreme of normal 动作速度略减慢，可能是处于正常范围的边缘
3. Voluntary movements are slightly retarded or slowed 随意动作轻度迟钝或减缓
4. Movements are generally sluggish 动作通常迟滞
5. Most movements are retarded and made with effort 大部分动作迟缓且费劲
6. All movements are made with extreme effort subject must be assisted from chair 所有动作都极其费劲，患者必须被搀扶才能从椅子上起身
9. Not ratable（use only when all efforts to rate this item have failed）无法评定（仅在评估

该项目的所有努力均告失败时使用)

17. Global negative symptoms rating 总体阴性症状评定

1. No evidence of negative symptoms 无阴性症状的迹象
2. Minimal evidence of negative symptoms 阴性症状的迹象极少
3. Mild evidence of negative symptoms 阴性症状的迹象较轻
4. Moderate evidence of negative symptoms apparent to the casual observer 阴性症状的迹象中度,对于非专业观察者而言迹象也很明显
5. Marked evidence of negative symptoms readily apparent to the casual observer 阴性症状的迹象明显,对于非专业观察者而言也非常明显
6. Severe evidence of negative symptoms marked and obvious impact on functioning 阴性症状的迹象严重,对身体功能有显著且明显的影响

9. Extremely severe negative symptoms (incapacitating) 阴性症状极其严重(丧失能力)

附 录

NSA-16 评定说明

本量表主要用于评定精神分裂症患者阴性症状的病情严重程度和疗效。研究显示该量表具有可接受的内部信度一致性,α 系数为 0.85,重测信度好,组内相关系数为 0.87。

包括 17 个条目,评分为 1~6 分共 6 级。

每个条目的具体内容如下:

1. 回答时间延长:在向患查者提出一个问题后,他(她)在回答之前停顿时间过长。评定这些停顿频度的严重程度。

2. 语量有限:评定患者在访谈过程中的讲话量。本条目的评定显示患者提供简短的回答和(或)仅在访谈者鼓励后才提供细节。

3. 言语内容贫乏:患者讲话量或多或少,但传递的信息非常有限。如果该症状明显,您会感觉在谈话结束时得到的信息没有比开始时多多少。如果患者答复量很少,访谈者应先提出探究性问题,再根据获得的情况评定本项。

4. 言语表达不清:患者发音不清楚,所以无法理解其讲话内容。如果患者的其他讲话正常,而这些话语并非跟访谈者说,则请勿将患者评为分裂症内向性思维。对于方言很重的患者,要根据患者的表达能力,而不是根据他们的语言能力进行评定。

5. 情绪:范围减小:情绪是一个人内心生活的感情内容,本条目评定患者上周(或其他具体时间段)经历的情绪范围。询问患者上周感觉是否快乐、悲伤等,根据患者的回答以及访谈后期报告的任何此类情绪作出评估。完整的情绪范围应包括但不限于快乐、悲伤、骄傲、恐惧、惊讶及愤怒。本条目应与在其他项目中评定的情感展示能力区分开(如果您感觉患者的精神生活自闭,而没有背景验证,则根据您对患者经历的解读评定他/她的情绪范围)。

6. 情感:强度调节减弱:本条目评定在访谈期间谈到预期对正常人而言会引起极为不同的情感强度的话题时,患者所显示出的情感强度变化。

7. 情感:要求下的情感展示减少:情感是一个人感觉的外在表达,本条目评定患者通

过改变其面部表情及肢体语言展示一系列情感的能力。访谈者会要求患者展示他(她)在感觉快乐、悲伤、骄傲、受惊、惊讶及愤怒时的表情。(虽然能做到,但有些患者不愿意应要求作出面部表情。访谈者可以鼓励患者,直到确信他(她)无法或不愿做出这种表情为止。不要接受冷淡且没有说服力的正确情感表情,也不接受情感表情说明。)

8. 社交动力减少:本条目评定患者主动进行社会交往的欲望程度。该欲望可部分通过实际或尝试于他人进行社会联系的数量来测量。为了评定其程度,要调查社会交往的类型和频度。请注意,参考范围为 20 岁的正常年轻人。许多患者可能被评为 2 分或 3 分。

9. 与访谈者关系欠融洽:本项目评估访谈者对自己与患者是否积极交流的主观感觉。既要评估交流的语言方面,也要评估非语言方面。请勿将不友善评为不融洽。

10. 性兴趣:本条目评估患者对性活动感兴趣的程度。请勿仅以实际表现作为评估基础,虽然在许多情况下,表现可能表示有欲望,没有此表现表示没有欲望。评估本条目时考虑患者的婚姻及环境情况。由于他(她)的疾病,他(她)可能无法结交合适的性伴侣;如果住院,可能不被鼓励过性生活。性兴趣可以通过任何性活动或兴趣表示,包括但不限于性交、爱抚、自慰、性幻想、调情等。如果患者自称有性兴趣,但他(她)的表现与所言不符,访谈者应要求患者说明差异原因。

11. 修饰和卫生状况欠佳:患者头发凌乱、衣衫不整等。如果仅属中产阶级观察者可能视为品味差(例如,发式野性或化妆过浓)的情况,请勿将此评定为修饰不佳。

12. 目标感降低:本条目评估患者是否有完整的生活目标。如果患者已经具有看似圆满完整的生活,则无需仅仅为了被评定为优良好目标,而改变计划。

13. 业余爱好和兴趣减少:本条目评定患者的兴趣范围和强烈程度。

14. 日常活动减少:本条目评定患者的日常活动水平及其没有充分利用环境为其提供的机会的情况。完整记录患者从起床到睡觉这段时间内的活动。将这些活动与未罹患精神疾病的年轻人进行比较。如果患者作为门诊患者参与一项精神健康活动,则确定其参与程度(即是否积极参与,或仅仅只是在那儿打发时间)。如果患者住院,则像对未住院的年轻人一样评定其日常活动,并且不要考虑医院的作息可能产生的限制。

15. 表达性手势减少:讲话时,通常用于促进沟通的手势和肢体动作少于正常水平,或根本没有。请勿评估无意识的运动障碍。

16. 动作迟缓:本条目评估患者随意动作迟缓的程度。至少需评估步态和从椅子上起身的动作。将这些动作与正常年轻人比较,进行评估。

17. 总体阴性症状评定。根据患者的总体阴性症状表现,而非根据单个项目或总分来评定本条目。

参 考 文 献

Axelrod BN, Goldman RS, Alphs LD. Validation of the 16-item Negative Symptom Assessment. J Psychiatr Res, 1993, 27(3):253-258.

四、阴性症状评估-4项条目版本(NSA-4)

阴性症状评估-4项条目版本 (Negative Symptom Assessment-4 Item Version,

NSA-4）

Rate this question based on your observations of the patient during the clinical interview. 根据您在临床会谈中对患者的观察来评估以下问题。

Item 1 Restricted Speech Quantity 条目 1 语量有限 □

This item assesses the amount of speech the subject provides in the course of the interview. Ratings on this item suggest that the subject gives brief answers to questions and/or provides elaborating details only after the interviewer prods him. 这一项是评估患者在会谈过程中提供的言语的数量。这一项的评分提示患者对提问给出简短的回答和(或)仅在会谈者敦促其后才提供详尽的细节。

1. Normal speech quantity 语量正常
2. Minimal reduction in quantity, may be extreme of normal 语量轻微减少,可处于正常范围的临界
3. Speech quantity is reduced, but more obtained with minimal prodding 语量减少,但稍微敦促下便可说出更多的语言
4. Flow of speech is maintained only by regularly prodding 只有在经常敦促下才可维持语量
5. Responses usually limited to a few words, and/or detail is only obtained by prodding or bribing 回答通常限于几个词,和(或)细节只有在敦促或诱导下才会说出
6. Responses usually nonverbal or limited to 1 or 2 words, despite efforts to elicit more 回答通常不用语言表达或是只有一二个词,尽管努力诱使其回答更多
9. Not ratable 无法评定

Rate this question based on symptoms in the past 7 days. 根据患者在过去 1 周里出现的症状来评估以下问题。

Item 2 Emotion: Reduced Range 条目 2 情绪:变化减少 □

Emotion is the feeling content of a person's inner life. This item assesses the range of emotion experienced by the subject during the last week (or other specified time period). Base ratings on the subject's answers to queries of whether he/she has felt happy, sad, etc. during the last week, as well as any reports of having these emotions later in the interview. A full range of emotions would include, but not be limited to happiness, sadness, pride, fear, surprise, and anger. 情绪是一个人内心世界的感情流露。这一项是评估患者在最近 1 周里(或在其他特定时间里)所经历的情绪变化。评分是根据询问他/她是否在最近 1 周里感到过开心、悲伤等时患者的回答,同时根据在后来的会谈中有这些情绪的任何反映。全部的情绪变化范围应包括愉快、悲伤、骄傲、害怕、惊讶和生气,但不限于此。

1. Normal range of emotion 情绪变化正常
2. Minimal reduction in range, may be extreme of normal 情绪变化范围轻微减少,可能是在正常范围的临界
3. Range seems restricted relative to a normal person, but during the specified time period subject convincingly reports at least 4 emotions 相比正常人,情绪变化似乎有所减少,但在特定时间内患者明确报告至少存在 4 种情绪

4. Subject convincingly identifies 2 or 3 emotional experiences 患者可明确分辨 2 种或 3 种情绪体验
5. Subject convincingly identifies only 1 emotional experience 患者仅可明确分辨 1 种情绪体验
6. Subject reports little or no emotional range 患者报告的情绪变化很少或根本没有
9. Not ratable 无法评定

Rate this question based on symptoms in the past 7 days. 根据患者在过去 1 周里出现的症状来评估以下问题。

Item 3 Reduced Social Drive 条目 3 社交欲减退 □

This item assesses how much the subject desires to initiate social interactions. Desire may be measured in part by the number of actual or attempted social contacts with others. To rate severity probe the type of social interactions, and their frequency. 这一项是评估患者发起社会交往的愿望有多大。该愿望的评估可能部分根据实际或尝试与他人进行社交接触的次数。为了评估严重性,需要探究社交类型和它们的频度。

1. Normal social drive 社交欲正常
2. Minimal reduction in social drive, may be extreme of normal 社交欲轻微减退,可能是在正常范围的临界
3. Desire for social interactions seems somewhat reduced 社交欲似乎有点减退
4. Obvious reduction in desire to initiate social contacts, but a number of contacts are initiated each week 发起社交接触的欲望明显减退,但每周都进行若干社交接触
5. Marked reduction in the subject's desire to initiate social contacts, but a few contacts are maintained at subject's initiation (as with family) 患者发起社交接触的欲望显著减退,但仍与患者最初认识的人(如与家人)维持一些接触
6. No desire to initiate any social interactions 无任何发起社交的欲望
9. Not ratable 无法评定

Rate this question based on symptoms in the past 7 days. 根据患者在过去 1 周里出现的症状来评估以下问题。

Item 4 Reduced Interests 条目 4 兴趣减少 □

This item assesses the range and intensity of the subject's interests. 这一项是评估患者兴趣的范围和强度。

1. Normal interests 兴趣正常
2. Minimal reduction in interests, may be extreme of normal 兴趣轻微减少,可能是在正常范围的临界
3. Range of interests and/or commitment to them seems diminished 兴趣范围和(或)投入程度似乎减小
4. Range of interests is clearly diminished and is not particularly committed to interests held 兴趣范围明显减少,且并不特别投入已有的兴趣

5. Only 1 or 2 interests reported, and these pursued superficially 只报告有 1 项或 2 项兴趣，且只是很表浅地投入
6. Little or nothing stimulates interests 极少或没有什么东西可激发兴趣
9. Not ratable 无法评定

Rate this question based on symptoms in the past 7 days. 根据患者在过去 1 周里出现的症状来评估以下问题。

Global Negative Symptoms Rating 阴性症状总体评定 □

Rate this item on the basis of overall impression of negative symptoms in the subject, not on the basis of a single item or total score. 评定这一项是根据患者阴性症状的总体印象，而不是根据单独一项或总分。

1. No evidence of this symptom 无阴性症状迹象
2. Minimal evidence of this symptom 轻微的阴性症状迹象
3. Mild evidence of this symptom 轻度的阴性症状迹象
4. Moderate evidence of this symptom, apparent to the casual observer 中度的阴性症状迹象，对不经意的旁观者而言是明显的
5. Marked evidence of this symptom, readily apparent to casual observer 显著的阴性症状迹象，对不经意的旁观者而言是显而易见的
6. Severe, not only obvious but has marked impact on functioning 重度的阴性症状迹象，不仅症状明显，而且对功能造成显著影响
7. Extremely severe symptom, it is incapacitating for subject 极严重的阴性症状迹象，造成患者丧失功能

附　　录

NSA-4 评定说明

本量表为主要用于评定精神分裂症患者阴性症状的病情严重程度和疗效。4 项条目版本取自更长的 16 项条目版本，是为了允许对常见与精神分裂症阴性症状有关的主要行为进行快速评估。该量表是评估行为而非精神病理状态。研究显示该量表具有可接受的内部信度一致性，α 系数 0.64，重测信度好，组内相关系数为 0.82。

时间窗为过去 7d。

包括 4 个条目，评分为 1~7 分共 7 级。

一次访谈评定约需 30min 的时间。

评估时注意事项如下：

1. 评分员应了解信息的外界来源（如家庭成员），和（或）互相矛盾的信息，并在决定评分时运用最佳的临床判断。

2. 参比对象为 20 来岁的年轻健康成人。

3. 一般情况下，行为严重度的评估如下：

（1）与健康年轻人相比行为无异常或未减少。

（2）行为轻微减少，其意义可疑。

(3) 行为轻度减少。经过培训的评分员可能只记录为减少，但明确的减少是肯定的。
(4) 行为中度减少。对于未经培训的评分员来说，减少是明显的。
(5) 行为显著减少。很容易观察到，明确妨碍患者功能。
(6) 行为严重减少或完全缺失。突出而显著妨碍患者功能。

4. 临床会谈

(1) 条目 2

1) 开始时问患者在过去 7d 里感觉如何？
2) 问患者在过去 1 周里是否感到过焦虑、紧张或担心。接着问以下问题：
- 对您来说那感觉像什么？
- 它有多糟糕？
- 是什么使您这样感觉？
3) 问患者是否感到过悲伤或忧郁。接着问以下问题：
- 在过去 1 周里您是否有过几次感到开心？
- 当您感到开心时那感觉像什么？
- 那感觉持续多久？
4) 引出有关其他情绪如感到骄傲、害怕、惊讶和生气的信息。
5) 暗示可能引起情绪的情形，但不要暗示可能已经体验过的情绪。

(2) 条目 3

1) 问患者有关他们目前的居住状况、他们和谁见面或在家与谁一起消磨时间。
2) 问患者是否有朋友。接着问以下问题：
- 谁是您的朋友？
- 您多久与他们碰一次面，过去 1 周您跟他们碰过面吗？
- 您给朋友打过电话吗？
- 您跟他们一起制订过计划吗，谁制订这些计划？
3) 问患者有关与朋友见面或谈话的欲望。

(3) 条目 4

1) 问患者关于他们喜欢做什么及在过去 1 周里他们是否做过那些事。
2) 问患者是否对世界上发生了什么事感兴趣。接着问以下问题：
- 他们读报或看电视新闻吗？
- 他们会传播时事吗?
- 他们是否有会去关注的一项最喜欢的运动？

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1. Alphs, et al. Selection and Validation of a 4-Item Negative Symptom Assessment (NSA-4): A Short, Practical Clinical Tool for the Assessment of Negative Symptoms, June 23, 2008.
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五、阴性症状评估量表(SANS)

阴性症状评估量表(Scale for the Assessment of Negative Symptoms, SANS)

AFFECTIVE FLATTENING OR BLUNTING 情感平淡或迟钝

Affective flattening or blunting manifests itself as a characteristic impoverishment of emotional expression, reactivity, and feeling. Affective flattening can be evaluated by observation of the subject's behavior and responsiveness during a routine interview. The rating of some items may be affected by drugs, since the Parkinsonian side-effect of phenothiazines may lead to mask-like facies and diminished associated movements. Other aspects of affect, such as responsivity or appropriateness, will not be affected, however.
情感平淡或迟钝的表现是,特征性的表情、反应和感受的贫乏。情感平淡可在常规访谈时通过观察患者的行为和应答情况而进行评估。有些条目的评定可能受到药物的影响,因为吩噻嗪类药物引起的帕金森综合征不良反应可致面具脸以及相关运动的减少。然而,情感的其他方面如应答反应或适切性则不会受影响。

1. Unchanging Facial Expression 面部表情无变化

The subject's face appears wooden, mechanical, frozen. It does not change expression, or changes less than normally expected, as the emotional content of discourse changes. Since phenothiazines may partially mimic this effect, the interviewer should be careful to note whether or not the subject is on medication, but should not try to "correct" the rating accordingly. 患者的面部显得呆板、机械、冷淡,面部表情不随谈话的情绪内容的改变而改变,或不如正常期望的那样改变。由于吩噻嗪类药物可部分引起这种表现,所以访谈者应仔细记录患者服药与否,但不应因此"更改"分值。

(0) Not at all: Subject is normal or labile 完全没有:患者的表情是正常的或易变化的
(1) Questionable decrease 可疑减少
(2) Mild: Occasionally the subject's expression is not as full as expected 轻度:患者的表情偶尔不如预期的那么富有变化
(3) Moderate: Subject's expressions are dulled overall, but not absent 中度:患者的表情总体上是呆板的,但并不缺乏
(4) Marked: Subject's face has a flat "set" look, but flickers of affect arise occasionally 显著:患者的脸上是一"副"无变化的表情,但情感的变化偶尔闪现
(5) Severe: Subject's face looks "wooden" and changes little, if at all throughout the interview 严重:患者的脸看上去是"呆板的"且变化极少,如果在整个访谈过程中是完全"呆板的"

2. Decreased Spontaneous Movements 自发动作减少

The subject sits quietly throughout the interview and shows few or no spontaneous movements. He does not shift position, move his legs, move his hands, etc., or does so less than

normally expected. 在整个访谈过程中患者静坐着,很少或完全没有自发动作。他没有变化坐姿、移动双腿、移动双手等动作,或做的动作不如正常期望的那样多。

(0) Not at all: Subject moves normally or is overactive 完全没有:患者动作正常或多动

(1) Questionable decrease 可疑减少

(2) Mild: Some decrease in spontaneous movements 轻度:自发动作有些减少

(3) Moderate: Subject moves three or four times during the interview 中度:患者在访谈中有 3 次或 4 次自发动作

(4) Marked: Subject moves once or twice during the interview 显著:患者在访谈中有 1 次或 2 次自发动作

(5) Severe: Subject sits immobile throughout the interview 严重:患者在整个访谈过程中纹丝不动坐着

3. Paucity of Expressive Gestures 缺乏表达性姿势

The subject does not use his body as an aid in expressing his ideas, through such means as hand gestures, sitting forward in his chair when intent on a subject, leaning back when relaxed, etc. This may occur in addition to decreased spontaneous movements. 患者在表达想法时不借助身体,例如在谈及主题时不借助手势、坐姿前倾的表达方法,在松弛时也不向后靠等。这可能与自发动作减少之外同时发生。

(0) Not at all: Subject uses expressive gestures normally or excessively 完全没有:患者表达性姿势使用正常或过多

(1) Questionable decrease 可疑减少

(2) Mild: Some decrease in expressive gestures 轻度:表达性姿势有些减少

(3) Moderate: Subject uses body as an aid in expression at least three or four times 中度:患者在表达时借助身体至少 3 次或 4 次

(4) Marked: Subject uses body as an aid in expression only once or twice 显著:患者在表达时借助身体仅 1 次或 2 次

(5) Severe: Subject never uses body as an aid in expression 严重:患者在表达时从不借助身体

4. Poor Eye Contact 目光接触差

The subject avoids looking at others or using his eyes as an aid in expression. He appears to be staring into space even when he is talking. 患者避免看他人或借助眼神来表达。即使在讲话时眼睛也茫然凝视前方。

(0) Not at all: Good eye contact and expression 完全没有:目光接触和表情良好

(1) Questionable decrease 可疑减少

(2) Mild: Some decrease in eye contact and eye expression 轻度:目光接触和眼神表达有些减少

(3) Moderate: Subject's eye contact is decreased by at least half of normal 中度:患者的目光接触至少减少了正常的一半

(4) Marked: Subject's eye contact is very infrequent 显著:患者的目光接触非常少有
(5) Severe: Subject almost never looks at interviewer 严重:患者几乎从不看访谈者

5. Affective Nonresponsivity 无情感反应

Failure to smile or laugh when prompted may be tested by smiling or joking in a way which would usually elicit a smile from a normal individual. The examiner may also ask, "Have you forgotten how to smile?" while smiling himself. 受鼓励下仍无法微笑或大笑,可通过微笑或开玩笑的方式来测试,这种方式通常能引出正常人的笑容。检查者也可以边微笑边问道:"您已经忘了怎么笑吗?"

(0) Not at all 完全没有
(1) Questionable decrease 可疑减少
(2) Mild: Slight but definite lack in responsivity 轻度:轻微但肯定的反应减弱
(3) Moderate: Subject occasionally seems to miss the cues to respond 中度:患者似乎偶尔错失发生反应的信号
(4) Marked: Subject seems to miss the cues to respond most of the time 显著:患者似乎大多数时间错失发生反应的信号
(5) Severe: Subject is essentially unresponsive, even on prompting 严重:患者基本上无反应,甚至在鼓励下

6. Lack of Vocal Inflections 语调缺乏波动

While speaking the subject fails to show normal vocal emphasis patterns. Speech has a monotonic quality, and important words are not emphasized through changes in pitch or volume. Subject also may fail to change volume with changes of subject so that he does not drop his voice when discussing private topics nor raise it as he discusses things which are exciting or for which louder speech might be appropriate. 患者说话时缺乏正常的抑扬顿挫,语音单调,不通过音调或音量的变化来强调重要的词汇。患者也可不随谈话话题的改变而调整音量,以致在谈到私事时也不放低声音,在谈到令人兴奋的事情时或谈到适合提高声音讲的事情时也不提高声调。

(0) Not all all: Normal vocal inflections 完全没有:语调波动正常
(1) Questionable decrease 可疑减少
(2) Mild: Slight decrease in vocal inflections 轻度:语调波动轻微减弱
(3) Moderate: Interviewer notices several instances of flattened vocal inflections 中度:访谈者注意到患者的语调波动有几次变得平淡
(4) Marked: Obvious decrease in vocal inflections 显著:语调波动明显减弱
(5) Severe: Subject's speech is a continuous monotone 严重:患者的讲话是持续单调的

7. Global Rating of Affective Flattening 情感平淡总评

The global rating should focus on overall severity of affective flattening or blunting. Special emphasis should be given to such core features as unresponsiveness, inappropriateness, and

an overall decrease in emotional intensity. 总评应重点评定情感平淡或迟钝的总体严重程度。应特别强调如下核心特征：无反应、不适切，以及情感强度的全面减低。

(0) No flattening: Normal affect 无情感平淡：正常情感

(1) Questionable affective flattening 可疑情感平淡

(2) Mild affective flattening 轻度情感平淡

(3) Moderate affective flattening 中度情感平淡

(4) Marked affective flattening 显著情感平淡

(5) Severe affective flattening 严重情感平淡

8. Inappropriate Affect 情感不适切

Affect expressed is inappropriate or incongruous, not simply flat or blunted. Most typically, this manifestation of affective disturbance takes the form of smiling or assuming a silly facial expression while talking about a serious or sad subject. (Occasionally subjects may smile or laugh when talking about a serious subject which they find uncomfortable or embarrassing. Although their smiling may seem inappropriate, it is due to anxiety and therefore should not be rated as inappropriate affect.) Do not rate affective flattening or blunting as inappropriate. 情感表达是不适切的或不协调的，而不仅仅是平淡或迟钝。情感障碍的这种表现最典型的是：在谈论严肃或悲伤的话题时以微笑回应或呈现呆傻的表情(在谈论令他们觉得不舒服或尴尬的严肃话题时，患者偶尔可能微笑或大笑。尽管他们的微笑可能似乎不适切，但是这缘于焦虑，因此不应被评定为情感不适切)。

(0) Not at all: Affect is not inappropriate 完全没有：情感没有不适切

(1) Questionable 可疑

(2) Mild: At least one instance of inappropriate smiling or other inappropriate affect 轻度：至少出现 1 次不适切的微笑或其他不适切情感

(3) Moderate: Subject exhibits two to four instances of inappropriate affect 中度：患者出现 2~4 次不适切情感

(4) Marked: Subject exhibits five to ten instances of inappropriate affect 显著：患者出现 5~10 次不适切情感

(5) Severe: Subject's affect is inappropriate most of the time 严重：患者的情感大多数时间都是不适切的

ALOGIA 思维贫乏

Alogia is a general term coined to refer to the impoverished thinking and cognition that often occur in subjects with schizophrenia (Greek a = no, none; logos = mind, thought). Subjects with alogia have thinking processes that seem empty, turgid, or slow. Since thinking cannot be observed directly, it is inferred from the subject's speech. The two major manifestations of alogia are nonfluent empty speech (poverty of speech) and fluent empty speech (poverty of content of speech). Blocking and increased latency or response may also reflect alogia.

Alogia 是新创词汇，用来表示常发生在精神分裂症患者身上的思维与认知的贫乏(希腊文

的 a=不、无；logos=思想、思维）。思维贫乏患者的思维过程显得空洞、虚浮或迟缓。由于思维无法被直接观察，故可从患者的言语中推断出。思维贫乏的两种主要表现是不流利的空洞言语（语量贫乏）以及流利的空洞言语（言语内容贫乏）。思维阻隔及应答的潜伏期延长也可归于思维贫乏。

9. Poverty of Speech 语量贫乏

Restriction in the amount of spontaneous speech, so that replies to questions tend to be brief, concrete, and unelaborated. Unprompted additional information is rarely provided. Replies may be monosyllabic, and some questions may be left unanswered altogether. When confronted with this speech pattern, the interviewer may find himself frequently prompting the subject in order to encourage elaboration of replies. To elicit this finding, the examiner must allow the subject adequate time to answer and to elaborate his answer. 自发言语的语量有限，因而在回答问题时往往很简单，很具体，没有发挥。很少有自发的补充说明。回答的话可能是单词，有时干脆不回答。面对这种讲话场景，访谈者可能感到自己需要频繁敦促患者，以鼓励其回答得详细一些。为了引出此项的表现，检查者应让患者有足够时间回答和发挥。

(0) No poverty of speech: A substantial and appropriate number of replies to questions include additional information 无语量贫乏：回答问题的语量丰富、适切，并有补充说明
(1) Questionable poverty of speech 可疑语量贫乏
(2) Mild: Occasional replies do not include elaborated information even though this is appropriate 轻度：偶有回答不能发挥，尽管回答是适切的
(3) Moderate: Some replies do not include appropriately elaborated information, and some replies are monosyllabic or very brief—("Yes." "No." "Maybe." "I don't know." "Last week.") 中度：有些回答没有适当的发挥，而有些回答为单词或非常简短——（"是"、"不"、"可能"、"我不知道"、"上周"。）
(4) Marked: Answers are rarely more than a sentence or a few words in length 显著：回答很少超过一句话或只有几个词
(5) Severe: Subject says almost nothing and occasionally fails to answer questions 严重：患者几乎没说什么，且偶尔不回答问题

10. Poverty of Content of Speech 言语内容贫乏

Although replies are long enough so that speech is adequate in amount, it conveys little information. Language tends to be vague, often over-abstract or over-concrete, repetitive, and stereotyped. The interviewer may recognize this finding by observing that the subject has spoken at some length but has not given adequate information to answer the question. Alternatively, the subject may provide enough information, but require many words to do so, so that a lengthy reply can be summarized in a sentence or two. Sometimes the interviewer may characterize the speech as "empty philosophizing." 尽管回答足够长以致于言语的语量是充分的，但传送的信息极少。语言往往是含糊的，常常过于抽象或过于具体、重复和刻板。访谈者可发现这点，通过观察到患者的话不少，但并没有给出充分信息来回答问题。或者，患

者虽可提供足够信息,但却需要用许多词汇来做到,而实际上可以用一二句话便能概括地回答。有时访谈者会把这样的话称为“空洞的哲学”。

Exclusions: This finding differs from circumstantiality in that the circumstantial subject tends to provide a wealth of detail. 排除:这一症状不同于赘述之处在于赘述患者往往提供大量细节。

Example: Interviewer: “Why is it, do you think, that people believe in God?” Subject: “Well, first of all because he uh, he are the person that is their personal savior. He walks with me and talks with me. And uh, the understanding that I have, um, a lot of peoples, they don't really, uh, know they own personal self. Because, uh, they ain't, they all, just don't know they personal self. They don't, know that he uh, seemed like to me, a lot of 'em don't understand that he walks and talks with them.” 举例:访谈者:“你认为人们为什么相信上帝?”患者:“好,首先因为他,呃,他就是他们的救星。他与我同行,跟我讲话。呃,按我的理解,嗯,许多人,他们并不真正,呃,认识他们自己。因为,呃,他们不是,他们都,恰恰不认识他们自己。他们不,知道他呃,似乎像我一样,他们许多人不理解上帝与他们同行,跟他们讲话。”

(0) No poverty of content 无言语内容贫乏

(1) Questionable 可疑

(2) Mild: Occasional replies are too vague to be comprehensible or can be markedly condensed 轻度:偶尔有些回答太含糊而难以理解或显然可以浓缩

(3) Moderate: Frequent replies which are vague or can be markedly condensed to make up at least a quarter of the interview 中度:在至少 1/4 的访谈时间里,回答常常含糊不清或显然可以浓缩

(4) Marked: At least half of the subject's speech is composed of vague or incomprehensible replies 显著:患者的言语至少有一半是含糊不清的或无法理解的回答

(5) Severe: Nearly all the speech is vague, incomprehensible, or can be markedly condensed 严重:几乎所有的言语都是含糊不清的,无法理解的,或显然可以浓缩的

11. Blocking 言语中断

Interruption of a train of speech before a thought or idea has been completed. After a period of silence which may last from a few seconds to minutes, the person indicates that she/he cannot recall what he had been saying or meant to say. Blocking should only be judged to be present if a person voluntarily describes losing his thought or if, upon questioning by the interviewer, the person indicates that that was the reason for pausing. 在一种思维或观念表达完整之前,语流中断。在持续数秒至数分钟的沉默期之后,患者表示她(他)不能回忆起他讲了些什么或打算讲什么。如果患者主动描述丧失了自己的思维,或者当访谈者问及时,患者表示那正是停顿的原因,这样才可评为存在言语中断。

(0) No blocking 无言语中断

(1) Questionable 可疑

(2) Mild: A single instance noted during a forty-five minute period 轻度：45min 内被记录到 1 次
(3) Moderate: Occurs twice during forty-five minutes 中度：45min 内出现过 2 次
(4) Marked: Occurs three or four times during forty-five minutes 显著：45min 内出现过 3 次或 4 次
(5) Severe: Occurs more than four times in forty-five minutes 严重：45min 内出现 4 次以上

12. Increased Latency of Response 应答迟缓

The subject takes a longer time to reply to questions than is usually considered normal. He may seem "distant" and sometimes the examiner may wonder if he has even heard the question. Prompting usually indicates that the subject is aware of the question, but has been having difficulty in formulating his thoughts in order to make an appropriate reply. 患者要比正常情况下花费更多时间来回答问题。他可能看上去"神情恍惚"，有时检查者会怀疑他是否确实听见了这个问题。敦促下通常可以发现患者是知道这个问题的，只是难以组织自己的思维来作出恰当的回答。

(0) Not at all 完全没有
(1) Questionable 可疑
(2) Mild: Occasional brief pauses before replying 轻度：偶尔在回答之前有短暂的停顿
(3) Moderate: Often pauses several seconds before replying 中度：在回答之前经常停顿几秒钟
(4) Marked: Usually pauses at least ten to fifteen seconds before replying 显著：在回答之前通常停顿 10~15s
(5) Severe: Long pauses prior to nearly all replies 严重：几乎所有的回答之前都有长时间的停顿

13. Global Rating of Alogia 思维贫乏总评

Since the core features of alogia are poverty of speech and poverty of content of speech, the global rating should place particular emphasis on them. 由于思维贫乏的核心症状是语量贫乏和言语内容贫乏，所以总评重点应放在此二项上。

(0) No alogia 无思维贫乏
(1) Questionable 可疑
(2) Mild: Mild but definite impoverishment in thinking 轻度：轻度而肯定的思维贫乏
(3) Moderate: Significant evidence for impoverished thinking 中度：有明显迹象表明思维贫乏
(4) Marked: Subject's thinking seems impoverished much of the time 显著：大多数时间患者的思维显得贫乏
(5) Severe: Subject's thinking seems impoverished nearly all of the time 严重：几乎所有时间患者的思维显得贫乏

AVOLITION-APATHY 意志缺乏

Avolition manifests itself as a characteristic lack of energy, drive, and interest. Subjects are unable to mobilize themselves to initiate or persist in completing many different kinds of tasks. Unlike the diminished energy or interest of depression, the avolitional symptom complex in schizophrenia is usually not accompanied by saddened or depressed affect. The avolitional symptom complex often leads to severe social and economic impairment.
意志缺乏的表现以缺乏精力、动力和兴趣为特征。患者不能主动发起或坚持完成许多不同种类的任务。不同于抑郁时的精力或兴趣下降，精神分裂症的意志缺乏症状群通常不伴有悲伤或抑郁情感。意志缺乏症状群常常导致严重的社交缺陷和经济损失。

14. Grooming and Hygiene 衣饰及个人卫生

The subject displays less attention to grooming and hygiene than normal. Clothing may appear sloppy, outdated, or soiled. The subject may bathe infrequently and not care for hair, nails, or teeth—leading to such manifestations as greasy or uncombed hair, dirty hands, body odor, or unclean teeth and bad breath. Overall, the appearance is dilapidated and disheveled. In extreme cases, the subject may even have poor toilet habits. 患者较正常人不注意衣饰及个人卫生。衣服可能邋遢、过时或污秽。患者可能不常洗澡，也不注意头发、指甲或牙齿的卫生，以致外表蓬头垢面、手脏、体臭、或牙齿不洁及口臭。总之，外观衣着破旧或衣冠不整。最严重的情况是，患者可能甚至不注意大小便卫生。

How often do you bathe or shower? 您多久洗澡或淋浴 1 次？

Do you change your clothes every day? 您是否每日换衣服？

How often do you do laundry? 您多久洗 1 次衣服？

(0) No evidence of poor grooming and hygiene 没有衣饰及个人卫生差的迹象
(1) Questionable 可疑
(2) Mild: Some slight but definite indication of inattention to appearance, i.e., messy hair or disheveled clothes 轻度：有轻度但肯定的不注意外表的迹象，如头发蓬乱或衣服不整
(3) Moderate: Appearance is somewhat disheveled, i.e., greasy hair, dirty clothes 中度：外表有些不整洁，如头发油腻、衣服较脏
(4) Marked: Subject's attempts to keep up grooming or hygiene are minimal 显著：患者保持衣饰整洁及个人卫生的努力极少
(5) Severe: Subject's clothes, body and environment are dirty and smelly 严重：患者的衣服、身体及生活环境都是脏的且有气味的

15. Impersistence at Work or School 工作或学习不能持久

The subject has had difficulty in seeking or maintaining employment (or schoolwork) as appropriate for his or her age and sex. If a student, he/she does not do homework and may even fail to attend class. Grades will tend to reflect this. If a college student, there may be a pattern of registering for courses, but having to drop several or all of them before the semester is completed. If of working age, the subject may have found it difficult to work at a job because

of inability to persist in completing tasks and apparent irresponsibility. He may go to work irregularly, wander away early, complete them in a disorganized manner. He may simply sit around the house and not seek any employment or seek it only in an infrequent and desultory manner. If a housewife or retired person, the subject may fail to complete chores, such as shopping or cleaning, or complete them in an apparently careless and half-hearted way. 患者难以找到或维持一个与其年龄和性别相称的职业（或学业）。如果是学生，他（或她）不做回家作业，甚至可能不去上课。其学习成绩往往可以反映出这点。如果是一名大学生，可能是这种情形：已注册了选修课程，但在学期结束前却不得不放弃几门或全部放弃。如果已达工作年龄，患者可能会觉得在职工作很难，因为其不能坚持完成任务并明显不负责任。他可能上班无规律，上班早退，杂乱无章地完成工作。他可能只是坐闲家中不去找工作，或者只是偶尔漫无目的地找工作。如果是家庭主妇或已退休，则患者可能无法完成家庭杂务，如购物或清洗，或者是明显粗心和三心二意地完成任务。

Have you been having any problems at (work, school)? 您在工作（或学校）时有什么问题吗？

Do you ever start some project and just never get around to finishing it? 您是否曾经开始某项计划却就是从未落实去完成它？

(0) No evidence of impersistence at work or school 没有工作或学习不能持久的迹象

(1) Questionable 可疑

(2) Mild: Slight indications of impersistence, i.e., missing a couple days of school or work 轻度：有轻度的不能持久的迹象，如几日不上学或上班

(3) Moderate: Subject often has poor performance at work or school 中度：患者在工作或学校时经常表现差

(4) Marked: Subject has much difficulty maintaining even a below normal level of work or school 显著：患者甚至在维持正常低限水平的工作或学习时有很大困难

(5) Severe: Subject consistently fails to maintain a record at work or school 严重：患者一直不能维持工作或学习

16. Physical Anergia 躯体少动

The subject tends to be physically inert. He may sit in a chair for hours at a time and not initiate any spontaneous activity. If encouraged to become involved in an activity, he may participate only briefly and then wander away or disengage himself and return to sitting alone. He may spend large amounts of time in some relatively mindless and physically inactive task such as watching TV or playing solitaire. His family may report that he spends most of his time at home "doing nothing except sitting around". Either at home or in an inpatient setting he may spend much of his time sitting in his room. 患者往往懒于动弹。他可能坐在椅子上一连几小时而没有任何自发活动。若经鼓励后参与活动的话，他可能只是短暂地参加，然后就走开或让自己摆脱开，仍回到独坐状态。他可能花大量时间在一些相对的不需费脑力和体力的事情，比如看电视或一个人玩。他的家属可能反映他大部分时间呆在家里，"除了坐着便无所事事"。不管是在家里或住在医院里，患者许多时间都坐在自己的

房间里。

Are there times when you lie or sit around most of the day? 您是否有 1d 中大部分时间躺着或坐着?

(Does this ever last longer than one day?) (这种情况曾经超过 1d 吗?)

(0) No evidence of Physical Anergia 无躯体少动的迹象

(1) Questionable 可疑

(2) Mild Anergia 轻度少动

(3) Moderate: Subject lies in bed or sits immobile at least a quarter of normal waking hours 中度:患者在正常醒着的时间里有 1/4 的时候是躺着或坐着不动

(4) Marked: Subject lies in bed or sits immobile at least half of normal waking hours 显著:患者在正常醒着的时间里有一半的时候是躺着或坐着不动

(5) Severe: Subject lies in bed or sits immobile for most of the day 严重:患者 1d 的大部分时间是躺着或坐着不动

17. Global Rating of Avolition-Apathy 意志缺乏总评

The global rating should reflect the overall severity of the avolition symptoms, given expectational norms for the subject's age and social status or origin. In making the global rating, strong weight may be given to only one or two prominent symptoms if they are particularly striking. 总评应反映意志缺乏症状的总体严重度,并要考虑与患者的年龄和社会地位或出身相匹配的预期常模。在进行总评时,重点可放在一二个主导症状,如果它们是特别引人注意的话。

(0) No Avolition 无意志缺乏

(1) Questionable 可疑

(2) Mild, But Definitely Present 轻度,但肯定存在

(3) Moderate Avolition 中度意志缺乏

(4) Marked Avolition 显著意志缺乏

(5) Severe Avolition 严重意志缺乏

ANHEDONIA-ASOCIALITY 快感缺失及社交缺乏

This symptom complex encompasses the schizophrenic subject's difficulties in experiencing interest or pleasure. It may express itself as a loss of interest in pleasurable activities, an inability to experience pleasure when participating in activities normally considered pleasurable, or a lack of involvement in social relationships of various kinds.

此症状群包括精神分裂症患者在体验兴趣或乐趣方面的困难,可表现为对令人愉快的活动丧失兴趣,在参加正常人认为令人愉快的活动时也不能体验到乐趣,或者不介入各种社交关系。

18. Recreational Interests and Activities 娱乐的兴趣和活动

The subject may have few or no interests, activities, or hobbies. Although this symptom may

begin insidiously or slowly, there will usually be some obvious decline from an earlier level of interest and activity. Subjects with relatively milder loss of interest will engage in some activities which are passive or non-demanding, such as watching TV, or will show only occasional or sporadic interest. Subjects with the most extreme loss will appear to have a complete and intractible inability to become involved in or enjoy activities. The rating in this area should take both the quality and quantity of recreational interests into account. 患者可能极少或没有兴趣、活动或爱好。尽管这一症状可能隐匿地或缓慢地开始，但兴趣和活动的水平却通常在早期就有明显下降。相对较轻的兴趣丧失的患者会参加一些被动的或无要求的活动，比如看电视，或会显示只是偶一为之的兴趣或一时兴起。最严重的兴趣丧失的患者会表现出无法参加或享受活动，这是完全且难以治疗的能力丧失。在这方面的评定应对娱乐性兴趣的质和量兼顾考虑。

Have you felt interested in the things you usually enjoy? 您是否仍对您通常喜欢的事情感兴趣？

(Have they been as fun as usual?)（这些事情是否和往常一样有趣？）

Have you been watching TV or listening to the radio? 您一直看电视或听广播吗？

(0) No Inability to Enjoy Recreational Interests or Activities 没有丧失享受娱乐性兴趣和活动的能力

(1) Questionable 可疑

(2) Mild Inability to Enjoy Recreational Activities 轻度丧失享受娱乐性活动的能力

(3) Moderate: Subject often is not "up" for recreational activities 中度：患者经常对娱乐性活动不"起劲"

(4) Marked: Subject has little interest in and derives only mild pleasure from recreational activities 显著：患者对娱乐性活动的兴趣极少，且从中只获得轻微的快感

(5) Severe: Subject has no interest in and derives no pleasure from recreational activities 严重：患者对娱乐性活动无兴趣，且从中未获快感

19. Sexual Interest and Activity 性兴趣和性活动

The subject may show a decrement in sexual interest and activity, as judged by what would be normal for the subject's age and marital status. Individuals who are married may manifest disinterest in sex or may engage in intercourse only at the partner's request. In extreme cases, the subject may not engage in any sex at all. Single subjects may go for long periods of time without sexual involvement and make no effort to satisfy this drive. Whether married or single, they may report that they subjectively feel only minimal sex drive or that they take little enjoyment in sexual intercourse or in masturbatory activity even when they engage in it. 根据就患者的年龄和婚姻状况而言的正常状况来判断，其性兴趣和性活动可能显示减少。已婚者可能表现为对性生活没有兴趣或只在配偶的要求下才可进行性交。严重者根本就不参与任何性活动。单身者可能长期无性地生活着，也不想办法去满足这种欲望。无论是已婚或未婚，患者可能报告其主观上只感到极少的性欲，或即使其在性交或手淫时也没有什么快感。

Have you noticed any changes in your sex drive? 您是否已注意到您的性欲发生了变化?

(0) No Inability to Enjoy Sexual Activities 没有丧失享受性活动的能力

(1) Questionable Decrement in Sexual Interest and Activity 可疑的性兴趣和性活动的减少

(2) Mild Decrement in Sexual Interest and Activity 性兴趣和性活动轻度减少

(3) Moderate: Subject occasionally has noticed decreased interests in and/or enjoyment from sexual activities 中度:患者偶尔注意到自己性兴趣和(或)性活动快感的减少

(4) Marked: Subject has little interest in and/or derives little pleasure from sexual activities 显著:患者对性活动的兴趣极少,和(或)从中获得的快感极少

(5) Severe: Subject has no interest in and/or derives no pleasure from sexual activities 严重:患者对性活动无兴趣,和(或)从中未获快感

20. Ability to Feel Intimacy and Closeness 感受亲密感和亲近感的能力

The subject may display an inability to form close and intimate relationships of a type appropriate for his age, sex, and family status. In the case of a younger person, this area should be rated in terms of relationships with the opposite sex and with parents and siblings. In the case of an older person who is married, the relationship with spouse and with children should be evaluated, while older unmarried individuals should be judged in terms of relationships with the opposite sex and any family members who live nearby. Subjects may display few or no feelings of affection to available family members. Or they may have arranged their lives so that they are completely isolated from any intimate relationships, living alone and making no effort to initiate contacts with family or members of the opposite sex. 患者可能表现出无法形成一种与其年龄、性别和家庭状况相称的亲近和亲密的人际关系。对于年轻患者,这方面应评定其与异性和父母及兄弟姐妹之间的关系。对于年纪较大的已婚患者,则应评定其与配偶及孩子之间的关系;而对于大年龄未婚者,应评定其与异性及相邻居住的任何家庭成员之间的关系。患者可能表现出对现有的家庭成员很少有或没有什么感情。或者他们可能已经安排好自己的生活,以致于断绝任何亲密的关系,独自生活,也不努力去开展与家人或异性的接触。

Have you been having any problems with your (family, spouse)? 您是否一直与您的家人(或配偶)的关系有问题?

How would you feel about visiting with your (family, parents, spouse, etc.)? 您与您的家人(父母、配偶等)打交道时感觉如何?

(0) No Inability to Feel Intimacy and Closeness 没有丧失感受亲密感和亲近感的能力

(1) Questionable Inability 可疑的能力丧失

(2) Mild, But Definite Inability to Feel Intimacy and Closeness 轻度、但肯定的感受亲密感和亲近感的能力丧失

(3) Moderate: Subject appears to enjoy family or significant others but does not appear to "look forward" to visits 中度:患者表现出喜欢家人或其他重要人物,但未表现出"期待"去拜访

(4) Marked: Subject appears neutral toward visits from family or significant others. Brightens only mildly 显著：患者对家人或其他重要人物的来访表现出中立的态度。仅仅显出轻度的喜色
(5) Severe: Subject prefers no contact with or is hostile toward family or significant others 严重：患者不喜欢与家人或其他重要人物接触，或对他们有敌意

21. Relationships with Friends and Peers 与朋友和同龄人的关系

Subjects may also be relatively restricted in their relationships with friends and peers of either sex. They may have few or no friends, make little or no effort to develop such relationships, and choose to spend all or most of their time alone. 患者也可能将其人际关系相对限定在与朋友和同龄人之间，不管是同性还是异性。他们可能很少或没有朋友，极少努力或根本不努力去发展这种关系，所有时间或大部分时间都选择独处。

Have you been spending much time with friends? 您是否一直花许多时间与朋友们在一起？
Do you enjoy spending time alone, or would you rather have more friends? 您是喜欢花时间独处，还是您情愿有更多朋友？

(0) No Inability to Form Close Friendships 没有丧失建立亲近友谊的能力
(1) Questionable Inability to Form Friendships 可疑丧失建立友谊的能力
(2) Mild, But Definite Inability to Form Friendships 轻度，但肯定的建立友谊的能力丧失
(3) Moderate: Subject able to interact, but sees friends/acquaintances only two to three times per month 中度：患者能进行交往，但每月与朋友（或熟人）见面次数仅 2~3 次
(4) Marked: Subject has difficulty forming and/or keeping friendships. Sees friends/acquaintances only one to two times per month 显著：患者在建立和（或）保持友谊上有困难。每月与朋友（或熟人）见面次数仅 1~2 次
(5) Severe: Subject has no friends and no interest in developing any social ties 严重：患者没有朋友，也没有兴趣发展任何社交联络

22. Global Rating of Anhedonia-Asociality 快感缺失及社交缺乏总评

The global rating should reflect the overall severity of the anhedonia-asociality complex, taking into account the norms appropriate for the subject's age, sex, and family status. 总评应反映快感缺失及社交缺乏症状群的总体严重度，并考虑与患者的年龄、性别和家庭状况相称的常模。

(0) No Evidence of Anhedonia-Asociality 没有快感缺失及社交缺乏的迹象
(1) Questionable Evidence of Anhedonia-Asociality 可疑快感缺失及社交缺乏的迹象
(2) Mild, But Definite Evidence of Anhedonia-Asociality 轻度，但肯定的快感缺失及社交缺乏的迹象
(3) Moderate Evidence of Anhedonia-Asociality 中度快感缺失及社交缺乏的迹象
(4) Marked Evidence of Anhedonia-Asociality 显著快感缺失及社交缺乏的迹象
(5) Severe Evidence of Anhedonia-Asociality 严重快感缺失及社交缺乏的迹象

ATTENTION 注意力

Attention is often poor in schizophrenics. The subject may have trouble focusing his attention, or he may only be able to focus sporadically and erratically. He may ignore attempts to converse with him, wander away while in the middle of an activity or task, or appear to be inattentive when engaged in formal testing or interviewing. He may or may not be aware of his difficulty in focusing his attention.
精神分裂症患者往往注意力很差。患者可能难以集中注意力,或只能偶尔集中但不稳定。他可能在交谈时心不在焉,在活动或作业进行到一半时就四处漫游,或者在正式考试或访谈时出现注意力不集中。他可能意识到或者可能没有意识到自己集中注意有困难。

23. Social Inattentiveness 社交注意障碍

While involved in social situations or activities, the subject appears inattentive. He looks away during conversations, does not pick up the topic during a discussion, or appears uninvolved or unengaged. He may abruptly terminate a discussion or a task without any apparent reason. He may seem “spacy” or “out of it”. He may seem to have poor concentration when playing games, reading, or watching TV. 在处于社交情形或活动时,患者表现得漫不经心。他在交谈过程中眼望它处,在讨论过程中不接话题,或者表现为不专心或不投入。他可能无明显原因地突然终止讨论或任务。他可能看起来有“隔阂感”或是“身在局外”。他可能在玩游戏、阅读或看电视时注意力似乎也不集中。

(0) No Indication of Inattentiveness 没有注意障碍的迹象
(1) Questionable Signs 可疑迹象
(2) Mild, But Definite Signs of Inattentiveness 轻度,但肯定的注意障碍的迹象
(3) Moderate: Subject occasionally misses what is happening in the environment 中度:患者偶尔错过环境中正在发生的事情
(4) Marked: Subject often misses what is happening in the environment; has trouble with reading comprehension 显著:患者经常错过环境中正在发生的事情;阅读理解有困难
(5) Severe: Subject unable to follow conversation, remember what he's read, or follow TV plot 严重:患者不能跟上谈话内容,不能记得读过的内容,或者不能跟上电视情节

24. Inattentiveness During Mental Status Testing 心理测试时注意障碍

The subject may perform poorly on simple tests of intellectual functioning in spite of adequate education and intellectual ability. This should be assessed by having the subject spell “world” backwards and by serial 7's (at least a tenth grade education) or serial 3's (at least a sixth grade education) for a series of five subtractions. A perfect score is 10. 患者在简单的智能测试中的成绩可能较差,尽管其有相当的受教育程度和智力水平。这项评估应通过以下测试来进行:让患者倒拼单词“world(世界)”,并用 100 减 7(至少受过 10 年教育)或 100 减 3(至少受过 6 年教育),连续减 5 次。全对为 10 分。

(0) No Errors 无错
(1) Questionable: No errors but subject performs in a halting manner or makes/corrects an

error 可疑：无错但患者做时有停顿或改错 1 次
(2) Mild, But Definite (One Error) 轻度，但肯定(错 1 次)
(3) Moderate (Two Errors) 中度(错 2 次)
(4) Marked (Three Errors) 显著(错 3 次)
(5) Severe (More Than Three Errors) 严重(错 3 次以上)

25. Global Rating of Attention 注意力总评

This rating should assess the subject's overall ability to attend or concentrate, and include both clinical appearance and performance on tasks. 这项评定应评估患者总体的注意力或集中力，包括其临床表现和测试执行情况。
(0) No Indications of Inattentiveness 没有注意障碍的迹象
(1) Questionable 可疑
(2) Mild, But Definite Inattentiveness 轻度，但肯定的注意障碍
(3) Moderate Inattentiveness 中度注意障碍
(4) Marked Inattentiveness 显著注意障碍
(5) Severe Inattentiveness 严重注意障碍

附　　录

SANS 评定说明

本量表主要用于评定精神分裂症患者阴性症状的病情严重程度和疗效。
包括 25 个条目，评分为 0~5 分的 6 级评分。
依据患者最近 1 个月的表现来评定。

参 考 文 献

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六、阳性症状评估量表(SAPS)

阳性症状评估量表(Scale for the Assessment of Positive Symptoms，SAPS)

Introduction 介绍

This scale is designed to assess positive symptoms, principally those that occur in schizophrenia. It is intended to serve as a complementary instrument to the Scale for the Assessment of Negative Symptoms (SANS). These positive symptoms include hallucinations, delusions, bizarre behavior, and positive formal thought disorder.
本量表是用来评估阳性症状，主要是那些发生在精神分裂症患者身上的阳性症状。它本来是用作阴性症状评估量表(SANS)的补充工具。这些阳性症状包括幻觉、妄想、怪异行为和阳性思维形式障碍。
As in the case of the SANS, the investigator using this instrument will need to decide on an

appropriate “time set”. The instrument was developed with the exception that, in general, the time set will cover the past month as in the case of SANS. This scale can also be used in psychopharmacologic research in order to make weekly ratings and chart the subject's response to treatment.

正如应用 SANS 一样,研究者应用本量表时需要决定一个合适的“时间窗”。本量表所评定的时间窗一般而言可破例同 SANS 一样,为最近 1 个月的表现。本量表也可应用于心理药理学研究,每周评定 1 次,以便将患者对于治疗的反应制成图表。

Investigators using this instrument, particularly in combination with the SANS, will need to use a standard clinical interview in order to evaluate the subject's symptoms. Since positive formal thought disorder is an important positive symptom, it is recommended that, in doing this interview, the investigator begin talking with the subject on a relatively neutral topic for five to ten minutes in order to observe the subject's manner of speaking and responding. Thereafter, he can begin to ask specific questions about the various positive symptoms. Suggested probes are provided in the interview guide.

研究者应用本量表时,特别要与 SANS 结合起来用,必需采用标准的临床访谈来评估患者的症状。因为阳性思维形式障碍是一种重要的阳性症状,所以推荐研究者在做此访谈时开场就一个相对中性的话题与患者交谈 5~10min,以便观察患者讲话和回答的方式。然后,他才可开始针对各种阳性症状提出特定问题。被推荐的探究性问题提供在访谈指南中。

In addition to using a clinical interview, the investigator should also draw on other sources of information, such as direct observation, reports from the subject's family, reports from nurses, and reports from the subject himself. In general, the subject can usually be considered a relatively reliable informant concerning delusions and hallucinations if he is able to communicate clearly and will comply with a clinical interview. On the other hand, the interviewer will usually have to rely on observation and reports from outside sources in order to evaluate bizarre behavior and positive formal thought disorder.

除了应用临床访谈外,研究者还应搜集其他来源的信息,例如直接观察、患者家属的反映、护士的报告及患者本人的报告。一般而言,当涉及妄想和幻觉的内容时,患者通常可以被视作相对可靠的知情者,如果他能够清楚地交谈并配合临床访谈的话。另一方面,访谈者通常必须依靠观察和来自外界来源的报告来评估怪异行为和阳性思维形式障碍。

The last item describing each major type of positive symptom is an overall global rating. This should be a true global rating based on taking into account both the nature and the severity of the various types of symptoms observed. In some cases, a single symptom (e.g., extremely severe persecutory delusions) may lead to a very high global rating, even if other symptoms of this type are not present.

描述每种主要阳性症状的最后一项是总评,应在考虑各种观察到的症状群的性质和严重度的基础上作出真实的全面评估。在有些情况下,单一个症状(如极其严重的被害妄想)可致很高的总评分,即使该症状群中的其他症状并不存在。

HALLUCINATIONS 幻觉

Hallucinations represent an abnormality in perception. They are false perceptions occurring in the absence of some identifiable external stimulus. They may be experienced in any of the sensory modalities, including hearing, touch, taste, smell, and vision. True hallucinations should be distinguished from illusions (which involve a misperception of an external stimulus), hypnogogic and hypnopompic experiences (which occur when the subject is falling asleep or waking up), or normal thought processes that are exceptionally vivid. If the hallucinations have a religious quality, then they should be judged within the context of what is normal for the subject's social and cultural background. Hallucinations occurring under the immediate influence of alcohol, drugs, or serious physical illness should not be rated as present. The subject should always be requested to describe the hallucination in detail.

幻觉是知觉方面的异常，是在没有某种可辨认的外界刺激的情况下发生的虚假知觉。它们可以以任何一种感觉通道来表现，包括听觉、触觉、味觉、嗅觉和视觉。真正的幻觉应与错觉(指对外界刺激的错误感知)、入睡前和半醒时的体验(指发生在患者正要入睡或正要醒来时)，或异常生动的正常思维过程相区分。若幻觉带有宗教色彩，则应按照患者的社会和文化背景所认可的正常范围来判断。在酒精、毒品或严重躯体疾病的直接影响下发生的幻觉，不应被评定为本量表中的幻觉存在。应一直要求患者详细描述幻觉。

1. Auditory Hallucinations 幻听

The subject has reported voices, noises, or sounds. The commonest auditory hallucinations involve hearing voices speaking to the subject or calling him names. The voices may be male or female, familiar or unfamiliar, and critical or complimentary. Typically, subjects suffering from schizophrenia experience the voices as unpleasant and negative. Hallucinations involving sounds rather than voices, such as noises or music, should be considered less characteristic and less severe. 患者声称听到语声、噪声或其他声音。最常见的幻听包括患者听到跟其讲话的声音或叫其名字的声音。语声可为男性的或女性的，熟悉的或不熟悉的，以及批评性的或恭维性的。精神分裂症患者的典型幻听是听到不愉快的、否定的语声。涉及非语声的声音如噪声或音乐的幻觉应被认为是特征性较差，严重度也较轻。

Have you ever heard voices or other sounds when no one is around? 您是否曾经在周围没人时听见语声或其他声音?

What did they say? 他们说过什么?

(0) None 无

(1) Questionable 可疑

(2) Mild: Subject hears noises or single words; they occur only occasionally 轻度：患者听到噪声或单个的词；它们仅偶尔出现

(3) Moderate: Clear evidence of voices; they have occurred at least weekly 中度：明确听见语声；它们至少每周都出现

(4) Marked: Clear evidence of voices which occur almost every day 显著：几乎每日都明确听见语声

(5) Severe: Voices occur often every day 严重:每日经常听见语声

2. Voices Commenting 评论性幻听

Voices commenting are a particular type of auditory hallucination which phenomenologists as Kurt Schneider consider to be pathognomonic of schizophrenia, although some recent evidence contradicts this. These hallucinations involve hearing a voice that makes a running commentary on the subject's behavior or thought as it occurs. If this is the only type of auditory hallucination that the subject hears, it should be scored instead of auditory hallucinations (No. 1 above). Usually, however, voices commenting will occur in addition to other types of auditory hallucinations. 评论性幻听是一种特殊类型的幻听,现象学家如 Kurt Schneider 认为它是精神分裂症所特有的,尽管近来有证据反驳这一观点。这些幻听是指患者听到一种语声对其当时的行为或思想进行实况评述。如果这是患者听见的唯一的一种幻听,它应在本项评分,而不是在幻听项(上面的第一项)评分。然而,通常情况是,评论性幻听会与其他类型的幻听同时存在。

Have you ever heard voices commenting on what you are thinking or doing? 您是否曾经听见语声评论您正在想的事情或正在做的事情?

What do they say? 他们说什么?

(0) None 无

(1) Questionable 可疑

(2) Mild: Subject hears noises or single words; they occur only occasionally 轻度:患者听到噪声或单个的词;它们仅偶尔出现

(3) Moderate: Clear evidence of voices; they have occurred at least weekly 中度:明确听见语声;它们至少每周都出现

(4) Marked: Clear evidence of voices which occur almost every day 显著:几乎每日都明确听见语声

(5) Severe: Voices occur often every day 严重:每日经常听见语声

3. Voices Conversing 对话性幻听

Like voices commenting, voices conversing are considered a Schneiderian first-rank symptom. They involve hearing two or more voices talking with one another, usually discussing something about the subject. As in the case of voices commenting, they should be scored independently of other auditory hallucinations. 与评论性幻听一样,对话性幻听也被认为是 Schneider 的一级症状。该幻听是指患者听到 2 人或更多人的声音在对话,通常是讨论有关患者的事情。与评论性幻听一样,本项应独立于其他幻听而评分。

Have you heard two or more voices talking with each other? 您是否听见 2 人或更多人的声音在对话?

What did they say? 他们说过什么?

(0) None 无

(1) Questionable 可疑

(2) Mild: Subject hears noises or single words; they occur only occasionally 轻度:患者听到噪声或单个的词;它们仅偶尔出现

(3) Moderate: Clear evidence of voices; they have occurred at least weekly 中度:明确听见语声;它们至少每周都出现

(4) Marked: Clear evidence of voices which occur almost every day 显著:几乎每日都明确听见语声

(5) Severe: Voices occur often every day 严重:每日经常听见语声

4. Somatic or Tactile Hallucinations 躯体幻觉或幻触

These hallucinations involve experiencing peculiar physical sensations in the body. They include burning sensations, tingling, and perceptions that the body has changed in shape or size. 这些幻觉是指患者体验到身体里特殊的躯体感觉,包括烧灼感、刺痛感以及感到身体的形状或大小发生了改变。

Have you ever had burning sensations or other strange feelings in your body? 您是否曾经有过烧灼感或您身体里的其他奇怪感觉?

What were they? 它们是什么?

Did your body ever appear to change in shape or size? 您的身体曾发生过形状或大小的改变吗?

(0) None 无

(1) Questionable 可疑

(2) Mild: Subject experiences peculiar physical sensations; they occur only occasionally 轻度:患者体验到特殊的躯体感觉;它们仅偶尔出现

(3) Moderate: Clear evidence of somatic or tactile hallucinations; they have occurred at least weekly 中度:明确存在躯体幻觉或幻触;它们至少每周都出现

(4) Marked: Clear evidence of somatic or tactile hallucinations which occur almost every day 显著:几乎每日都明确存在躯体幻觉或幻触

(5) Severe: Hallucinations occur often every day 严重:幻觉每日经常出现

5. Olfactory Hallucinations 嗅幻觉

The subject experiences unusual smells which are typically quite unpleasant. Sometimes the subject may believe that he himself smells. This belief should be scored here if the subject can actually smell the odor himself, but should be scored among delusions if he only believes that others can smell the odor. 患者体验到通常是相当不愉快的不寻常气味。有时患者可能相信只有他自己闻到。若患者实际上只有自己能闻到这种气味,则这种信念应在这儿被评分,但若他只相信其他人能闻到这种气味,则应在妄想项中被评分。

Have you ever experienced any unusual smells or smells that others do not notice? 您是否曾经体验到不寻常的气味或闻到其他人没有注意到的气味?

What were they? 它们是什么?

(0) None 无

(1) Questionable 可疑
(2) Mild: Subject experiences unusual smells; they occur only occasionally 轻度:患者体验到不寻常的气味;它们仅偶尔出现
(3) Moderate: Clear evidence of olfactory hallucinations; they have occurred at least weekly 中度:明确存在幻嗅;它们至少每周都出现
(4) Marked: Clear evidence of olfactory hallucinations; they occur almost every day 显著:明确存在幻嗅;它们几乎每日都出现
(5) Severe: Olfactory hallucinations occur often every day 严重:幻嗅每日经常出现

6. Visual Hallucinations 嗅视

The subject sees shapes or people that are not actually present. Sometimes these are shapes or colors, but most typically they are figures of people or human-like objects. They may also be characters of a religious nature, such as the Devil or Christ. As always, visual hallucinations involving religious themes should be judged within the context of the subject's cultural background. Hypnogogic and hypnopompic visual hallucinations (which are relatively common) should be excluded, as should visual hallucinations occurring when the subject has been taking hallucinogenic drugs. 患者看见实际上并不存在的物象或人。有时是物象或颜色,但大多数情况是人样或人样的形象。它们也可能是带有宗教色彩的形象,比如魔鬼或耶稣。通常带有宗教主题的幻视,评定时则应考虑患者的文化背景。入睡前和半醒时的幻视(相对常见)应除外,同样,当患者一直在服用致幻药时产生的幻视也应排除在外。

Have you had visions or seen things that other people cannot? 您是否有其他人没有的视觉或看见其他人看不到的东西?
What did you see? 您看见过什么?
Did this occur when you were falling asleep or waking up? 这是否发生在您正要入睡或正要醒来时?

(0) None 无
(1) Questionable 可疑
(2) Mild: Hallucinations definitely present, but occur infrequently; at times the subject may question their existence 轻度:患者体验到幻视,它们仅偶尔出现;有时患者可能会质疑它们的存在
(3) Moderate: Clear evidence of visual hallucinations; they have occurred at least weekly 中度:明确存在幻视;它们至少每周都出现
(4) Marked: Clear evidence of visual hallucinations which occur almost every day 显著:明确存在几乎每日都出现的幻视
(5) Severe: Hallucinations occur often every day 严重:幻觉每日经常出现

7. Global Rating of Severity of Hallucinations 幻觉严重度的总评

This global rating should be based on the duration and severity of hallucinations, the extent of the subject's preoccupation with the hallucinations, his degree of conviction, and their ef-

fect on his actions. Also consider the extent to which the hallucinations might be considered bizarre or unusual. Hallucinations not mentioned above, such as those involving taste, should be included in this rating. 此项总评应依据幻觉的持续时间和严重度、患者被幻觉占据的程度、他对幻觉的相信程度,以及幻觉对他行为的影响来评定。也要考虑到幻觉可能被认作为怪异或不寻常的程度。以上未曾提及的幻觉,比如幻味,应在此项评分。

(0) None 无

(1) Questionable 可疑

(2) Mild: Hallucinations definitely present, but occur infrequently; at times the subject may question their existence 轻度:幻觉肯定存在,但很少出现;有时患者可能会质疑它们的存在

(3) Moderate: Hallucinations are vivid and occur occasionally; they may bother him to some extent 中度:幻觉很生动但偶尔出现;它们可能在某种程度上干扰了他

(4) Marked: Hallucinations are quite vivid, occur frequently, and pervade his life 显著:幻觉相当生动,频繁出现,并渗透他的生活

(5) Severe: Hallucinations occur almost daily and are sometimes unusual or bizarre; they are very vivid and extremely troubling 严重:幻觉几乎天天都出现,并且有时显得不寻常或怪异;它们很生动,严重干扰患者生活

DELUSIONS 妄想

Delusions represent an abnormality in content of thought. They are false beliefs that cannot be explained on the basis of the subject's cultural background. Although delusions are sometimes defined as "fixed false beliefs", in their mildest form delusions may persist only for weeks to months, and the subject may question his beliefs or doubt them. The subject's behavior may or may not be influenced by his delusions. The rating of severity of individual delusions and of the global severity of delusional thinking should take into account their persistence, their complexity, the extent to which the subject acts on them, the extent to which the subject doubts them, and the extent to which the beliefs deviate from those that normal people might have. For each positive rating, specific examples should be noted in the margin. 妄想是指思维内容的异常,是不能依据患者的文化背景来解释的错误信念。虽然妄想有时被定义为"固定的错误信念",但最轻的妄想可能只持续数周至数月,且患者可能质疑他的信念或怀疑它们。患者的行为可能受到他的妄想影响或可能未受到影响。对每种妄想的严重度的评定以及对妄想性思维的严重度的总评均应考虑其持续时间、复杂程度、患者按照妄想行事的程度、患者对妄想的怀疑程度,以及妄想信念较正常人可能持有的信念的偏离程度。对每一个肯定存在的症状的评分,具体事例应记录在空白处。

8. Persecutory Delusions 被害妄想

People suffering from persecutory delusions believe that they are being conspired against or persecuted in some way. Common manifestations include the belief that one is being followed, that one's mail is being opened, that one's room or office is bugged, that the telephone is

tapped, or that police, government officials, neighbors, or fellow workers are harassing the subject. Persecutory delusions are sometimes relatively isolated or fragmented, but sometimes the subject has a complex set of delusions involving both a wide range of forms of persecution and a belief that there is a well-designed conspiracy behind them. For example, a subject may believe that his house is bugged and that he is being followed because the government wrongly considers him a secret agent for a foreign government; this delusion may be so complex that it explains almost everything that happens to him. The ratings of severity should be based on duration and complexity. 存在被害妄想的人相信他们正遭人以某种方式密谋陷害或迫害。最常见的表现包括相信被人跟踪,信件被拆,房间或办公室装有窃听器,电话被录音,或警察、政府官员、邻居或同事在折磨其。被害妄想有时是相对孤立或呈片段,但有时患者有一套复杂的妄想体系,包括形式范围广泛的被害内容,及相信在其背后有一个精心策划的阴谋诡计。例如,患者可能相信他的房子被安装了窃听器且他被人跟踪,因为政府误把他当作某外国政府的间谍;这种妄想可能是如此复杂以致于它可以解释发生在他身上的几乎每件事。严重度的评定应根据妄想的持续时间和复杂程度。

Have people been bothering you in any way? 有人一直用某种方式打扰您吗?

Have you felt that people are against you? 您是否感到有人在与您作对?

Has anyone been trying to harm you in any way? 有人一直试图用某种方式伤害您吗?

Has anyone been watching or monitoring you? 有人一直监视或监管您吗?

(0) None 无

(1) Questionable 可疑

(2) Mild: Delusional beliefs are simple and may be of several different types; subject may question them occasionally 轻度:妄想信念简单,可有几种不同的形式;患者可能偶尔会质疑它们

(3) Moderate: Clear, consistent delusion that is firmly held 中度:明确且一贯存在的妄想,患者坚信不移

(4) Marked: Consistent, firmly-held delusion that the subject acts on 显著:一贯且坚信的妄想,患者依照妄想而行事

(5) Severe: Complex well-formed delusion that the subject acts on and that preoccupies him a great deal of the time; some aspects of the delusion or his reaction may seem quite bizarre 严重:妄想内容复杂而完整,患者依照妄想而行事,且妄想占据了他大量的时间;妄想的某些方面或他的反应可能显得相当怪异

9. Delusions of Jealousy 嫉妒妄想

The subject believes that his/her mate is having an affair with someone. Miscellaneous bits of information are construed as "evidence". The person usually goes to great effort to prove the existence of the affair, searching for hair in the bedclothes, the odor of shaving lotion or smoke on clothing, or receipts or checks indicating a gift has been bought for the lover. Elaborate plans are often made in order to trap the two together. 患者相信他或她的配偶与某人有私情,将各方面蛛丝马迹的信息都推断为"证据"。患者通常会竭尽全力去证明私

情的存在，如搜寻睡衣上的头发、剃须膏残留的气味或衣服上的烟味，或者为情人买礼物的收据或账单。经常设下计谋企图捉奸捉双。

Have you ever worried that your husband (wife) might be unfaithful to you? 您是否曾经担心您的丈夫(妻子)可能对您不忠？

What evidence do you have? 您有什么证据吗？

(0) None 无

(1) Questionable 可疑

(2) Mild: Delusion clearly present, but the subject may question it occasionally 轻度：妄想确实存在，但患者可能偶尔会质疑它们

(3) Moderate: Clear consistent delusion that is firmly held 中度：明确且一贯存在的妄想，患者坚信不移

(4) Marked: Consistent, firmly-held delusion that the subject acts on 显著：一贯且坚信的妄想，患者依照妄想而行事

(5) Severe: Complex well-formed delusion that the subject acts on and that preoccupies him a great deal of the time; some aspects of the delusion or his reaction may seem quite bizarre 严重：妄想内容复杂而完整，患者依照妄想而行事，且妄想占据了他大量的时间；妄想的某些方面或他的反应可能显得相当怪异

10. Delusions of Sin or Guilt 罪恶或内疚妄想

The subject believes that he has committed some terrible sin or done something unforgivable. Sometimes the subject is excessively or inappropriately preoccupied with things he did wrong as a child, such as masturbating. Sometimes the subject feels responsible for causing some disastrous event, such as a fire or accident, with which he in fact has no connection. Sometimes these delusions may have a religious flavor, involving the belief that the sin is unpardonable and that the subject will suffer eternal punishment from God. Sometimes the subject simply believes that he deserves punishment by society. The subject may spend a good deal of time confessing these sins to whomever will listen. 患者相信他犯了某种可怕的罪行或做了某种不可饶恕的事情。有时患者过分地或不恰当地沉湎于自己孩提时所做的错事，如手淫。有时患者感到自己应对造成某个灾祸负有责任，如失火或意外事故，而事实上他与此是毫无关联的。有时这些妄想可能带有宗教意味，包括相信罪恶是不可原谅的，且自己将受到上帝永久的惩罚，有时患者只是相信他应受到社会的惩罚。患者会花费大量时间向任何愿意倾听的人忏悔这些罪恶。

Have you ever felt that you have done some terrible thing that you deserve to be punished for? 您是否曾经感到自己做了某件可怕的事情应受到惩罚？

(0) None 无

(1) Questionable 可疑

(2) Mild: Delusional beliefs may be simple and may be of several different types; subject may question them occasionally 轻度：妄想性信念可能是简单的，且可能有几种不同类型；患者可能偶尔会质疑它们

(3) Moderate: Clear, consistent delusion that is firmly held 中度:明确且一贯存在的妄想,患者坚信不移

(4) Marked: Consistent, firmly-held delusion that the subject acts on 显著:一贯且坚信的妄想,患者依照妄想而行事

(5) Severe: Complex well-formed delusion that the subject acts on and that preoccupies him a great deal of the time; some aspects of the delusion or his reaction may seem quite bizarre 严重:妄想内容复杂而完整,患者依照妄想而行事,且妄想占据了他大量的时间;妄想的某些方面或他的反应可能显得相当怪异

11. Grandiose Delusions 夸大妄想

The subject believes that he has special powers or abilities. He may think he is actually some famous personage, such as a rock star, Napoleon, or Christ. He may believe he is writing some definitive book, composing a great piece of music, or developing some wonderful new invention. The subject is often suspicious that someone is trying to steal his ideas, and he may become quite irritable if his ideas are doubted. 患者相信他自己有特殊的权利或能力。他可能认为自己事实上是某个著名人物,如摇滚歌星、拿破仑或耶稣。他可能相信自己正在写某一本权威著作、正创作一部伟大的音乐作品、或正在进行某项令人惊奇的新发明。患者经常怀疑某人正试图窃取自己的想法,且倘若他的想法被人怀疑的话,他就可能变得相当激惹。

Do you have any special or unusual abilities or talents? 您是否有特殊的或不寻常的能力或天赋吗?

Do you feel you are going to achieve great things? 您是否感到您将要完成伟大的事情?

(0) None 无

(1) Questionable 可疑

(2) Mild: Delusional beliefs may be simple and may be of several different types; subject may question them occasionally 轻度:妄想性信念可能是简单的,且可能有几种不同类型;患者可能偶尔会质疑它们

(3) Moderate: Clear, consistent delusion that is firmly held 中度:明确且一贯存在的妄想,患者坚信不移

(4) Marked: Consistent, firmly-held delusion that the subject acts on 显著:一贯且坚信的妄想,患者依照妄想而行事

(5) Severe: Complex well-formed delusion that the subject acts on and that preoccupies him a great deal of the time; some aspects of the delusion or his reaction may seem quite bizarre 严重:妄想内容复杂而完整,患者依照妄想而行事,且妄想占据了他大量的时间;妄想的某些方面或他的反应可能显得相当怪异

12. Religious Delusions 宗教妄想

The subject is preoccupied with false beliefs of a religious nature. Sometimes these exist within the context of a conventional religious system, such as beliefs about the Second Coming,

the Antichrist, or possession by the Devil. At other times, they may involve an entirely new religious system or a pastiche of beliefs from a variety of religions, particularly Eastern religions, such as ideas about reincarnation or Nirvana. Religious delusions may be combined with grandiose delusions (if the subject considers himself a religious leader), delusions of guilt, or delusions of being controlled. Religious delusions must be outside the range considered normal for the subject's cultural and religious background. 患者沉湎于具有宗教性质的错误信念。有时这些信念在传统的宗教体系范围内，例如关于基督复临、伪基督或魔鬼附身的信念。有时它们可能是一种全新的宗教系统或集不同宗教的信念于一体，尤其是东正教，如关于灵魂转世化身或涅槃的教义。宗教妄想可与夸大妄想(若患者认为自己是一名宗教领袖)、罪恶妄想或被控制妄想同时存在。宗教妄想必定超出了患者的文化和宗教背景所认可的正常范围。

Are you a religious person? 您是一名教徒吗?

Have you had any unusual religious experiences? 您是否有过不寻常的宗教经历?

What was your religious training as a child? 您孩提时的宗教培养是什么?

(0) None 无

(1) Questionable 可疑

(2) Mild: Delusional beliefs may be simple and may be of several different types; subject may question them occasionally 轻度：妄想性信念可能是简单的，且可能有几种不同类型；患者可能偶尔会质疑它们

(3) Moderate: Clear, consistent delusion that is firmly held 中度：明确且一贯存在的妄想，患者坚信不移

(4) Marked: Consistent, firmly-held delusion that the subject acts on 显著：一贯且坚信的妄想，患者依照妄想而行事

(5) Severe: Complex well-formed delusion that the subject acts on and that preoccupies him a great deal of the time; some aspects of the delusion or his reaction may seem quite bizarre 严重：妄想内容复杂而完整，患者依照妄想而行事，且妄想占据了他大量的时间；妄想的某些方面或他的反应可能显得相当怪异

13. Somatic Delusions 躯体妄想

The subject believes that somehow his body is diseased, abnormal, or changed. For example, he may believe that his stomach or brain is rotting, that his hands or penis have become enlarged, or that his facial features are unusual (dysmorphophobia). Sometimes somatic delusions are accompanied by tactile or other hallucinations, and when this occurs, both should be rated. (For example, the subject believes that he has ballbearings rolling around in his head, placed there by a dentist who filled his teeth, and can actually hear them clanking against one another.) 患者相信不知为何他的身体有病、不正常或有变化。例如，他可能相信他的胃或大脑正在腐烂，他的手或阴茎变大，或他的面部特征不同往常(变形恐惧)。有时躯体妄想伴有幻触或其他幻觉，此时两项应均予评分。(例如，患者相信他的脑袋里有滚珠在到处滚动，这是替他补牙的牙医放进那里的，而且事实上他还能听到滚珠互相碰撞时发

出的叮当声)。

Is there anything wrong with your body? 您的身体是否有什么问题?

Have you noticed any change in your appearance? 您是否注意到您的外表有什么变化?

(0) None 无

(1) Questionable 可疑

(2) Mild: Delusional beliefs may be simple and may be of several different types; subject may question them occasionally 轻度:妄想性信念可能是简单的,且可能有几种不同类型;患者可能偶尔会质疑它们

(3) Moderate: Clear, consistent delusion that is firmly held 中度:明确且一贯存在的妄想,患者坚信不移

(4) Marked: Consistent, firmly-held delusion that the subject acts on 显著:一贯且坚信的妄想,患者依照妄想而行事

(5) Severe: Complex well-formed delusion that the subject acts on and that preoccupies him a great deal of the time; some aspects of the delusion or his reaction may seem quite bizarre 严重:妄想内容复杂而完整,患者依照妄想而行事,且妄想占据了他大量的时间;妄想的某些方面或他的反应可能显得相当怪异

14. Ideas and Delusions of Reference 牵连观念和关系妄想

The subject believes that insignificant remarks, statements, or events refer to him or have some special meaning for him. For example, the subject walks into a room, sees people laughing, and suspects that they were just talking about him and laughing at him. Sometimes items read in the paper, heard on the radio, or seen on television are considered to be special messages to the subject. In the case of ideas of reference, the subject is suspicious, but recognizes his idea is erroneous. When the subject actually believes that the statements or events refer to him, then this is considered a delusion of reference. 患者相信那些无关紧要的谈话、评述或事件都与他有关,或者对他有特殊意义。例如,患者走进一个房间,看见人们在笑,就怀疑他们刚才正在谈论并嘲笑他。有时在报上读到的、在电台里听到的或在电视里看见的新闻被患者看作是特殊信息。至于牵连观念,就是患者有猜疑,但却认识到他的想法是错误的。当患者确实相信那些评述或事件是针对他时,则被认为是关系妄想。

Have you ever walked into a room and thought people were talking about you or laughing at you? 您是否曾经走进一个房间并认为人们正在谈论您或嘲笑您?

Have you seen things in magazines or on TV that seem to refer to you or contain a special message for you? 您是否在杂志上或电视里看到的内容似乎针对您或对您来说包含特殊信息?

Have people communicated with you in any unusual ways? 人们是否用不寻常的方式与您交流过?

(0) None 无

(1) Questionable 可疑

(2) Mild: Occasional ideas of reference 轻度:偶尔出现牵连观念

(3) Moderate: Have occurred at least weekly 中度:至少每周都出现
(4) Marked: Occurs at least two to four times weekly 显著:至少每周出现 2~4 次
(5) Severe: Occurs frequently 严重:频繁出现

15. Delusions of Being Controlled 被控制妄想

The subject has a subjective experience that his feelings or actions are controlled by some outside force. The central requirement for this type of delusion is an actual strong subjective experience of being controlled. It does not include simple beliefs or ideas, such as that the subject is acting as an agent of God or that friends or parents are trying to coerce him to do something. Rather, the subject must describe, for example, that his body has been occupied by some alien force that is making it move in peculiar ways, or that messages are being sent to his brain by radio waves and causing him to experience particular feelings that he recognizes are not his own. 患者主观体验到他的感情或行为被某种外界力量所控制。这种妄想的核心的必要条件是一种真正的、强烈的受到控制的主观体验。它不是指简单的信念或想法,比如患者认为自己正作为上帝的代理人而行事,或者认为朋友或父母正试图强迫他做某件事;而是指这种情况,例如,患者必须描述他的身体已被某种外星球力量所占据,正迫使它以特殊的方式移动,或无线电波正将信息传入他的大脑,使他体验到他认识到是不属于他自己的特殊感情。

Have you ever felt you were being controlled by some outside force? 您是否曾经感到自己正被某种外界力量所控制?

(0) None 无
(1) Questionable 可疑
(2) Mild: Subject has experienced being controlled, but doubts it occasionally 轻度:患者已体验到受控制,但偶然会质疑它
(3) Moderate: Clear experience of control, which has occurred on two or three occasions in a week 中度:明确体验到受控制,1 周内出现过 2 次或 3 次
(4) Marked: Clear experience of control, which occurs frequently; behavior may be affected 显著:明确体验到受控制,频繁出现;行为可能受影响
(5) Severe: Clear experience of control which occurs frequently, pervades the subject's life, and often affects his behavior 严重:明确体验到受控制,频繁出现,渗透到患者的生活,且经常影响他的行为

16. Delusions of Mind Reading 读心妄想

The subject believes that people can read his mind or know his thoughts. This is different than thought broadcasting (see below) in that it is a belief without a percept. That is, the subject subjectively experiences and recognizes that others know his thoughts, but he does not think that they can be heard out loud. 患者相信人们能够读出他的心思或知道他的思想。这不同于思维被广播(见下),因为它是一种信念而不是一种感知。那就是,患者主观体验到并认识到别人都知道他的思想,但他并不认为自己的思想能够被清楚地听到。

Have you ever had the feeling that people could read your mind? 您是否曾经感到人们能够读出您的心思?

(0) None 无

(1) Questionable 可疑

(2) Mild: Subject has experienced mind reading, but doubts it occasionally 轻度:患者已体验心思被读,但偶然会质疑它

(3) Moderate: Clear experience of mind reading which has occurred on two or three occasions in a week 中度:明确体验到心思被读,1周内出现过2次或3次

(4) Marked: Clear experience of mind reading which occurs frequently; behavior may be affected 显著:明确体验到心思被读,频繁出现;行为可能受影响

(5) Severe: Clear experience of mind reading which occurs frequently, pervades the subject's life, and often affects his behavior 严重:明确体验到心思被读,频繁出现,渗透到患者的生活,且经常影响他的行为

17. Thought Broadcasting 思维被广播

The subject believes that his thoughts are broadcast so that he or others can hear them. Sometimes the subject experiences his thoughts as a voice outside his head; this is an auditory hallucination as well as a delusion. Sometimes the subject feels his thoughts are being broadcast although he cannot hear them himself. Sometimes he believes that his thoughts are picked up by a microphone and broadcast on the radio or television. 患者相信其思想被广播,因而他自己或其他人能够听到。有时患者体验到他的思想是一种在其头部以外的语声;这既是一种幻听又是一种妄想。有时患者感到他的思想正在被广播,尽管他自己不能听见。有时患者相信自己的思想被扩音器播放,且通过电台或电视被广播。

Have you ever heard your own thoughts out loud, as if they were a voice outside your head? 您是否曾经听到过您自己的思想被大声说出,似乎它们是一种在您头部以外的语声?

Have you ever felt your thoughts were broadcast so other people could hear them? 您是否曾经感到您的思想被广播,所以其他人能够听见?

(0) None 无

(1) Questionable 可疑

(2) Mild: Subject has experienced thought broadcasting, but doubts it occasionally 轻度:患者已体验思维被广播,但偶然会质疑它

(3) Moderate: Clear experience of thought broadcasting which has occurred on two or three occasions in a week 中度:明确体验到思维被广播,1周内出现过2次或3次

(4) Marked: Clear experience of thought broadcasting which occurs frequently; behavior may be affected 显著:明确体验到思维被广播,频繁出现;行为可能受影响

(5) Severe: Clear experience of thought broadcasting which occurs frequently, pervades the subject's life, and often affects his behavior 严重:明确体验到思维被广播,频繁出现,渗透到患者的生活,且经常影响他的行为

18. Thought Insertion 思维插入

The subject believes that thoughts that are not his own have been inserted into his mind. For example, the subject may believe that a neighbor is practicing voodoo and planting alien sexual thoughts in his mind. This symptom should not be confused with experiencing unpleasant thoughts that the subject recognizes as his own, such as delusions of persecution or guilt. 患者相信不属于他自己的思想已被插入他的脑中。例如，患者可能相信邻居正在施行巫术，并把不好的性思维植入他的脑中。这个症状不应与患者体验到的令人不快的思想相混淆，后者是患者认识到是自己的思想，例如被害或罪恶妄想。

Have you ever felt that thoughts were being put into your head by some outside force? 您是否曾经感到思想被某种外界力量置入您的头部？

Have you ever experienced thoughts that didn't seem to be your own? 您是否曾经体验到思想似乎不是您自己的？

(0) None 无

(1) Questionable 可疑

(2) Mild: Subject has experienced thought insertion, but doubts it occasionally 轻度：患者已体验思维插入，但偶然会质疑它

(3) Moderate: Clear experience of thought insertion which has occurred on two or three occasions in a week 中度：明确体验到思维插入，1 周内出现过 2 次或 3 次

(4) Marked: Clear experience of thought insertion which occurs frequently; behavior may be affected 显著：明确体验到思维插入，频繁出现；行为可能受影响

(5) Severe: Thought insertion which occurs frequently, pervades the subject's life and affects behavior 严重：明确体验到思维插入，频繁出现，渗透到患者的生活且影响行为

19. Thought Withdrawal 思维被夺

The subject believes that thoughts have been taken away from his mind. He is able to describe a subjective experience of beginning a thought and then suddenly having it removed by some outside force. This symptom does not include the mere subjective recognition of alogia. 患者相信其思想已被从脑中抽走。他能够描述主观体验到开始思考，接着思想突然被某种外界力量抽掉。这种症状不包括思维贫乏的纯粹主观认识。

Have you ever felt your thoughts were taken away by some outside force? 您是否曾经感到思想被某种外界力量抽走？

(0) None 无

(1) Questionable 可疑

(2) Mild: Subject has experienced thought withdrawal, but doubts it occasionally 轻度：患者已体验思维被夺，但偶然会质疑它

(3) Moderate: Clear experience of thought withdrawal which has occurred on two or three occasions in a week 中度：明确体验到思维被夺，1 周内出现过 2 次或 3 次

(4) Marked: Clear experience of thought withdrawal which occurs frequently; behavior may be affected 显著：明确体验到思维被夺，频繁出现；行为可能受影响

(5) Severe: Clear experience of thought withdrawal which occurs frequently, pervades the subject's life and often affects his behavior 严重:明确体验到思维被夺,频繁出现,渗透到患者的生活,且经常影响他的行为

20. Global Rating of Severity of Delusions 妄想严重度的总评

The global rating should be based on duration and persistence of delusions, the extent of the subject's preoccupation with the delusions, his degree of conviction, and their effect on his actions. Also consider the extent to which the delusions might be considered bizarre or unusual. Delusions not mentioned above should be included in this rating. 此项总评应依据妄想的持续时间和坚持程度、患者被妄想占据的程度、他对妄想的相信程度以及妄想对他行为的影响来评定。也要考虑到妄想可能被认作为怪异或不寻常的程度。以上未曾提及的妄想应在此项评分。

(0) None 无

(1) Questionable 可疑

(2) Mild: Delusion definitely present but, at times, the subject questions the belief 轻度:妄想肯定存在,但有时患者会质疑这一信念

(3) Moderate: The subject is convinced of the belief, but it may occur infrequently and have little effect on his behavior 中度:患者对妄想信念坚信不疑,但它可能很少出现且对他的行为影响极小

(4) Marked: The delusion is firmly held; it occurs frequently and affects the subject's behavior 显著:妄想牢固坚持;它频繁出现且影响患者的行为

(5) Severe: Delusions are complex, well-formed, and pervasive; they are firmly held and have a major effect on the subject's behavior; they may be somewhat bizarre or unusual 严重:妄想复杂、完整并泛化;它们牢固坚持且严重影响患者的行为;它们可能有些怪异或不寻常

BIZARRE BEHAVIOR 怪异行为

The subject's behavior is unusual, bizarre, or fantastic. For example, the subject may urinate in a sugar bowl, paint the two halves of his body different colors, or kill a litter of pigs by smashing their heads against a wall. The information for this item will sometimes come from the subject, sometimes from other sources, and sometimes from direct observation. Bizarre behavior due to the immediate effects of alcohol or drugs should be excluded. As always, social and cultural norms must be considered in making the ratings, and detailed examples should be elicited and noted.

患者的行为是不寻常的、怪异的或异想天开的。例如,患者可能在糖罐里小便,将自己的身体两半涂上不同颜色,或将一窝的猪撞墙而死。这一条目的信息有时会来自患者本人,有时来自其他来源,有时可直接观察到。因酒精或毒品直接作用所致的怪异行为应被排除。一直以来,在评分时必须考虑到社会和文化准则,且应引出详细事例并记录。

21. Clothing and Appearance 衣着和外表

The subject dresses in an unusual manner or does other strange things to alter his appearance. For example, he may shave off all his hair or paint parts of his body different colors. His clothing may be quite unusual; for example, he may choose to wear some outfit that appears generally inappropriate and unacceptable, such as a baseball cap backwards with rubber galoshes and long underwear covered by denim overalls. He may dress in a fantastic costume representing some historical personage or a man from outer space. He may wear clothing completely inappropriate to the climatic conditions, such as heavy wools in the midst of summer. 患者穿着方式不同寻常，或做其他奇怪的事情来改变其外表。例如，他可能将头发都剃光，或将身体的不同部位涂成不同颜色。他的衣着可能相当不同寻常。例如，他可能选择穿戴某种通常看起来不合时令的或令人难以接受的衣着，如反戴棒球帽、着高统橡胶套鞋和长款衬衣外套劳动布工装裤。他可能穿着异想天开的服装，代表某位历史人物或天外来客。他的衣着可能完全不合当时的气候，如盛夏时穿着厚毛衣。

Has anyone made comments about your appearance? 是否有人对您的外表做过评价？

(0) None 无

(1) Questionable 可疑

(2) Mild: Occasional oddities of dress or appearance 轻度：衣着或外表偶尔显得古怪

(3) Moderate: Appearance or apparel are clearly unusual and would attract attention 中度：外表或衣饰明显不同寻常并惹人侧目

(4) Marked: Appearance or apparel are markedly odd 显著：外表或衣饰显著古怪

(5) Severe: Subject's appearance or apparel are very fantastic or bizarre 严重：患者的外表或衣饰非常异想天开或怪异

22. Social and Sexual Behavior 社会行为和性行为

The subject may do things that are considered inappropriate according to usual social norms. For example, he may masturbate in public, urinate or defecate in inappropriate receptacles, or exhibit his sex organs inappropriately. He may walk along the street muttering to himself, or he may begin talking to people whom he has never met about his personal life (as when riding on a subway or standing in some public place). He may drop to his knees praying and shouting in the midst of a crowd of people, or he may suddenly sit in a yoga position while in the midst of a crowd. He may make inappropriate sexual overtures or remarks to strangers. 患者可能做出被认为与一般社会规范不相称的事情。例如，他可能当众手淫，将大小便解在不恰当的容器内，或不恰当地暴露自己的外生殖器。他可能走在街上喃喃自语，或他可能对他从未见过的人开始谈起自己的私人生活（如乘地铁时或站在某个公共场所时）。他可能在人群当中跪地祈祷和喊叫，或他可能在人群当中突然以瑜伽姿势打坐。他可能对陌生人作出不恰当的性挑逗行为或言语。

Have you ever done anything that others might think unusual or that has called attention to yourself? 您是否曾经做过其他人认为是不同寻常的事情或已引起他人注意到您的事情？

(0) None 无

(1) Questionable 可疑
(2) Mild: Occasional instances of somewhat peculiar behavior 轻度:偶尔出现有些古怪的行为
(3) Moderate: Frequent instances of odd behavior 中度:常常出现古怪行为
(4) Marked: Very odd behavior 显著:行为非常古怪
(5) Severe: Extremely odd behavior which may have a fantastic quality 严重:行为极其古怪可能带有异想天开的意味

23. Aggressive and Agitated Behavior 攻击性和激越性行为

The subject may behave in an aggressive, agitated manner, often quite unpredictably. He may start arguments inappropriately with friends or members of his family, or he may accost strangers on the street and begin haranguing them angrily. He may write letters of a threatening or angry nature to government officials or others with whom he has some quarrel. Occasionally, subjects may perform violent acts such as injuring or tormenting animals, or attempting to injure or kill human beings. 患者可能以一种攻击的、激越的方式行事,常常相当难以预料。他可能不合时宜地同朋友或家庭成员开始争论,或他可能在街上同陌生人搭讪,并愤怒地开始向其夸夸其谈。他可能给政府官员或其他与之有过争吵的人写恐吓信或带有愤怒意味的信。偶尔,患者可能有暴力行为,比如伤害或折磨动物、或企图伤人或杀人。

Have you ever done anything to try to harm animals or people? 您是否曾经做过试图伤害动物或人的事?

Have you felt angry with anyone? 您是否对别人感到生气?

How did you express your anger? 您怎么表达自己的愤怒?

(0) None 无
(1) Questionable 可疑
(2) Mild: Occasional instances 轻度:偶尔出现
(3) Moderate: For example, writing angry letters to strangers 中度:比如给陌生人写愤怒的信
(4) Marked: For example, threatening people, public harangues 显著:比如恐吓别人,当众夸夸其谈
(5) Severe: For example, mutilating animals, attacking people 严重:比如残害动物,攻击他人

24. Repetitive or Stereotyped Behavior 重复或刻板行为

The subject may develop a set of repetitive actions or rituals that he must perform over and over. Frequently, he will attribute some symbolic significance to these actions and believe that they are either influencing others or preventing himself from being influenced. For example, he may eat jelly beans every night for dessert, assuming that different consequences will occur depending on the color of the jelly beans. He may have to eat foods in a particular order, wear particular clothes, or put them on in a certain order. He may have to write mes-

sages to himself or to others over and over; sometimes this will be in an unusual or occult language. 患者可能创出一套重复动作或程序，他必须按此进行一遍又一遍。常常他会认为这些动作具有某种象征意义，并相信它们要么正影响别人，要么正使自己免受影响。例如，他可能每日夜里吃果冻软糖当做点心，想当然地认为会发生不同结果是取决于果冻软糖的颜色。他可能必须按一种特定的顺序进食、穿特定衣服，或按某种秩序摆放它们。他可能必须一遍又一遍地给自己或别人写信；有时会用一种不同寻常的或玄奥的语言。

Are there any things that you feel you have to do? 有没有您感到您必须去做的事情？

(0) None 无

(1) Questionable 可疑

(2) Mild: Occasional instances of ritualistic or stereotyped behavior 轻度：偶尔出现重复或刻板行为

(3) Moderate: For example, eating or dressing rituals lacking symbolic significance 中度：比如进食或穿衣的程序缺乏象征意义

(4) Marked: For example, eating or dressing rituals with a symbolic significance 显著：比如进食或穿衣的程序具有象征意义

(5) Severe: For example, keeping a diary in an incomprehensible language 严重：比如以一种令人不能理解的语言写日记

25. Global Rating of Severity of Bizarre Behavior 怪异行为严重度的总评

In making this rating, the interviewer should consider the type of behavior, the extent to which it deviates from social norms, the subject's awareness of the degree to which the behavior is deviant, and the extent to which it is obviously bizarre. 做此项评定时，访谈者应考虑行为的类型、偏离社会规范的程度、患者对其行为偏离的程度的认识，以及行为明显怪异的程度。

(0) None 无

(1) Questionable 可疑

(2) Mild: Occasional instances of unusual or apparently idiosyncratic behavior; subject usually has some insight 轻度：偶尔出现不同寻常的或具明显癖好性的行为；患者通常有些自知力

(3) Moderate: Behavior which is clearly deviant from social norms and seems somewhat bizarre; subject may have some insight 中度：行为显然偏离社会规范并显得有些怪异；患者可能有些自知力

(4) Marked: Behavior which is markedly deviant from social norms and clearly bizarre; subject may have some insight 显著：行为显著偏离社会规范且显然怪异；患者可能有些自知力

(5) Severe: Behavior which is extremely bizarre or fantastic; may include a single extreme act, e.g., attempting murder; subject usually lacks insight 严重：行为极其怪异或异想天开；可能包括单个极端行动如企图谋杀；患者通常缺乏自知力

POSITIVE FORMAL THOUGHT DISORDER 阳性思维形式障碍

Positive formal thought disorder is fluent speech that tends to communicate poorly for a variety of reasons. The subject tends to skip from topic to topic without warning, to be distracted by events in the nearby environment, to join words together because they are semantically or phonologically alike even though they make no sense, or to ignore the question asked and ask another. This type of speech may be rapid, and it frequently seems quite disjointed. It has sometimes been referred to as "loose associations". Unlike alogia (negative formal thought disorder), a wealth of detail is provided, and the flow of speech tends to have an energetic, rather than an apathetic, quality to it.

阳性思维形式障碍是指讲话流利但往往会因多种原因而交流差。患者常常会毫无预兆地从一个话题跳到另一个话题，易为周围环境的事情而分心，易因语义上或语音上相像而将词联在一起，尽管毫无意义。或易忽略被问的问题而提出另一个问题。这种讲话可能很快，并常常显得相当不连贯。有时被称为"联想散漫"。不同于思维贫乏(阴性思维形式障碍)，它提供了大量细节，语流往往具有充满活力的而非淡漠的特性。

In order to evaluate thought disorder, the subject should be permitted to talk at length on some topic, particularly a topic unrelated to his psychopathology, for as long as five to ten minutes. The interviewer should observe closely the extent to which his sequencing of ideas is well connected. In addition, the interviewer should insist that he clarify or elaborate further if the ideas seem vague or incomprehensible. He should also pay close attention to how well the subject can reply to a variety of different types of questions, ranging from simple (Where were you born?) to more complicated (How do you think the present government is doing?).

为了评估思维障碍，患者应被允许就某个话题详尽谈论，尤其是谈与其精神症状无关的话题，长达 5~10min。访谈者应密切观察他的概念先后衔接的流畅程度。另外，如果概念显得模糊或令人难以理解，访谈者应坚持要求患者澄清或做进一步阐述。他还应密切注意患者回答各种不同类型问题的好坏如何，从简单的(您出生在什么地方?)到更复杂的(您怎么看待当今政府所做的一切?)。

The anchor points for these ratings assume that the subject has been interviewed for a total of approximately forty-five minutes. If the interview is shorter, the ratings should be adjusted accordingly.

这些评估的要点是假定已与患者交谈了总共 45min 左右的时间。如果访谈时间较短，评分应作相应调整。

26. Derailment (Loose Associations) 出轨(联想散漫)

A pattern of spontaneous speech in which the ideas slip off one track onto another which is clearly but obliquely related, or onto one which is completely unrelated. Things may be said in juxtaposition which lack a meaningful relationship, or the subject may shift idiosyncratically from one frame of reference to another. At times there may be a vague connection between the ideas, and at others none will be apparent. This pattern of speech is often characterized as sounding "disjointed". Perhaps the commonest manifestation of this disorder is a slow,

steady slippage, with no single derailment being particularly severe, so that the speaker gets farther and farther off the track with each derailment without showing any awareness that his reply no longer has any connection with the question which was asked. This abnormality is often characterized by lack of cohesion between clauses and sentences and by unclear pronoun references. 在自发性言语中可见概念从一个轨道滑到另一个明显但间接相关的轨道，或到一个完全无关的轨道上去。一些缺乏意义相关性的事情可能被相提并论，或患者可能从一种关联异乎寻常地转换到另一种关联上去。有时概念之间可能有模糊的联系，有时却无明显的联系。这种类型的言语常以听上去是“脱节”为特征。也许这种病最常见的表现是缓慢的、稳步的思维滑移，没有一次特别严重的出轨，以致于讲话者的内容偏离原来轨道越来越远，但对每一次出轨患者都没有意识到他的回答与被问的问题之间不再有什么联系。这种异常往往以在从句与主句之间缺乏紧密联系、及代词关系不明确为特征。

Example: Interviewer: “Did you enjoy college?” Subject: “Um-hum. Oh hey well, I oh, I really enjoyed some communities I tried it, and the, and the next day when I’d be going out, you know, um, I took control like uh, I put, um, bleach on my hair in, in California. My roommate was from Chicago, and she was going to the junior college. And we lived in the Y. M.C.A., so she wanted to put it, um, peroxide on my hair, and she did, and I got up and looked at the mirror and tears came to my eyes. Now do you understand it, I was fully aware of what was going on but why couldn’t I, I ... why, why the tears? I can’t understand that, can you?” **举例**：访谈者：“您喜欢大学吗？”患者：“嗯——哼哼。哦、哎，我、哦，我真的喜欢一些社团，我尝试过它，而且这，而且第二天我要出去时，你知道，嗯，我控制了像呵，我放了，嗯，在我头发上漂白、在，在加利福尼亚。我的室友来自芝加哥，她打算念大专。而我们住在 Y.M.C.A.，所以她想放它，嗯，过氧化物在我的头发上，而且她干了，我起床后，在镜子里看，泪水涌上我的眼睛。现在你明白了吗，我完全知道什么事正在发生但为什么我不能，我……为什么，为什么眼泪？我不能明白那个，你能吗？”

(0) None 无
(1) Questionable 可疑
(2) Mild: Occasional instances of derailment, with only slight topic shifts 轻度：偶尔出轨，只是话题稍有变换
(3) Moderate: Several instances of derailment; subject is sometimes difficult to follow 中度：有几次出轨；患者有时难以继续
(4) Marked: Frequent instances of derailment; subject is often difficult to follow 显著：频繁出轨；患者常常难以继续
(5) Severe: Derailment so frequent and/or extreme that the subject’s speech is almost incomprehensible 严重：出轨如此频繁且（或）极其严重，以致患者的言语几乎无法令人理解

27. Tangentiality 言语不切题

Replying to a question in an oblique, tangential or even irrelevant manner. The reply may be

related to the question in some distant way. Or the reply may be unrelated and seem totally irrelevant. In the past tangentiality has sometimes been used as roughly equivalent to loose associations or derailment. The concept of tangentiality has been partially redefined so that it refers only to answers to questions and not to transitions in spontaneous speech. 用一种拐弯抹角的、不切题的、甚至无关的方式回答问题。回答可能与问题的相关性有一段距离,或回答可能无关且似乎完全不相干。在过去,有时将不切题与联想散漫或出轨笼统地等同起来。不切题的概念现已被部分重新定义,专指回答问题时的表现,而不是自发性言语中的话题转移。

Example: Interviewer: "What city are you from?" Subject: "That's a hard question to answer because my parents ... I was born in Iowa, but I know that I'm white instead of black, so apparently I came from the North somewhere and I don't know where, you know, I really don't know whether I'm Irish or Scandinavian or I don't, I don't believe I'm Polish but I think I'm, I think I might be German or Welsh." **举例**:访谈者:"您来自哪个城市?"患者:"那是个很难回答的问题因为我的父母……我出生在衣阿华州, 但我知道我是白人而不是黑人,所以很显然我来自北方某个地方而且我不知道是哪里,你知道,我真的不知道我是爱尔兰人还是斯堪的纳维亚人或我不,我不相信我是波兰人但我想我是,我认为我可能是德国人或威尔士人。"

(0) None 无
(1) Questionable 可疑
(2) Mild: One or two oblique replies 轻度:有一二次拐弯抹角的回答
(3) Moderate: Occasional oblique replies (three to four times) 中度:偶有拐弯抹角的回答(3 次或 4 次)
(4) Marked: Frequent oblique replies (more than four times) 显著:频繁出现拐弯抹角的回答(4 次以上)
(5) Severe: Tangentiality so severe that interviewing the subject is extremely difficult 严重:严重不切题以致与患者的访谈极其困难

28. Incoherence (Word Salad, Schizophasia) 言语不连贯(语词杂拌,言语杂乱)

A pattern of speech which is essentially incomprehensible at times. Incoherence is often accompanied by derailment. It differs from derailment in that in incoherence the abnormality occurs within the level of the sentence or clause, which contains words or phrases that are joined incoherently. The abnormality in derailment involves unclear or confusing connections between larger units, such as sentences or clauses. 这种言语有时使人根本无法理解。言语不连贯常伴有出轨,与出轨不同之处在于:言语不连贯是指在主句或从句的范围内出现异常,这种句子含有联系松散的词或词组。而出轨的异常则涉及到大的辞令单位如主句或从句之间存在不明确的或混乱的联系。

This type of language disorder is relatively rare. When it occurs, it tends to be severe or extreme, and mild forms are quite uncommon. It may sound quite similar to Wernicke's aphasia or jargon aphasia, and in these cases the disorder should only be called incoherence when

history and laboratory data exclude the possibility of a past stroke, and formal testing for aphasia is negative. 这种语言障碍相对罕见。当它出现时，往往很严重或极其严重，而轻症者则相当少见。它可能听上去与 Wernicke 失语症或杂乱性失语症相当相似，在这些情形中，当病史或实验室数据能排除既往卒中的可能性，且失语症的正规测试为阴性时，则该障碍应只被称为言语不连贯。

Exclusions: Mildly ungrammatical constructions or idiomatic usages characteristic of particular regional or ethnic backgrounds, lack of education, or low intelligence. **应排除**：轻度不合语法的语言结构或以特定的地域或种族背景为特征的习惯用语，缺乏教育，或智力低下。

Example: Interviewer: "What do you think about current political issues like the energy crisis?" Subject: "They're destroying too many cattle and oil just to make soap. If we need soap when you can jump into a pool of water, and then when you go to buy your gasoline, my folks always thought they should, get pop but the best thing to get, is motor oil, and, money. May, may as well go there and, trade in some, pop caps and, uh, tires, and tractors to group, car garages, so they can pull cars away from wrecks, is what I believed in." **举例**：访谈者："您如何看待当前的政治问题比如能源危机？" 患者："他们正杀死太多的牛和消耗石油只为了制造肥皂。当您能跳进一池水中时，如果我们需要肥皂，接着当您去买您的汽油时，我的家人一直认为他们应该，得到流行但要得到的最好东西，是汽油，和，钱。可能，可能也去那里和，在一些中交易，流行帽和，嗯，轮胎，和牵引车来聚集，车库，所以他们能从失事中把车拖走，是我所相信的。"

(0) None 无
(1) Questionable 可疑
(2) Mild: Occasional instances of incoherence 轻度：偶尔出现言语不连贯
(3) Moderate: Frequent bursts of incoherence 中度：频繁地、突然出现言语不连贯
(4) Marked: At least half of the subject's speech is incomprehensible 显著：患者的言语至少一半令人无法理解
(5) Severe: Almost all of the subject's speech is incomprehensible 严重：患者的言语差不多所有的都令人无法理解

29. Illogicality 逻辑障碍

A pattern of speech in which conclusions are reached which do not follow logically. This may take the form of non-sequiturs (= it does not follow), in which the subject makes a logical inference between two clauses which is unwarranted or illogical. It may take the form of faulty inductive inferences. It may also take the form of reaching conclusions based on faulty premises without any actual delusional thinking. 在这种言语中结论的获得不符合逻辑。这可能是采用了不根据前提来推理的方式(即它不符合前提)，即患者在两个从句之间作出了无法保证的逻辑推论或不合逻辑的推论。它可能是采用了错误的归纳推理方式。它也可能是采用了基于错误前提而没有任何实际存在的妄想性思维来获得结论的方式。

Exclusions: Illogicality may either lead to or result from delusional beliefs. When illogical thinking occurs within the context of a delusional system, it should be subsumed under the

concept of delusions and not considered a separate phenomenon representing a different type of thinking disorder. Illogical thinking which is clearly due to cultural or religious values or to intellectual deficit should also be excluded. **应排除**:逻辑障碍可导致妄想,也可能是妄想的结果。当非逻辑性思维出现在妄想系统的背景中时,应在妄想条目下评分而不应视作是代表一种不同类型思维障碍的独立现象。明显因文化或宗教价值观,或因智力缺陷所致的非逻辑性思维也应排除在外。

Example: “Parents are the people that raise you. Any thing that raises you can be a parent. Parents can be anything—material, vegetable, or mineral—that has taught you something. Parents would be the world of things that are alive, that are there. Rocks—a person can look at a rock and learn something from it, so that would be a parent.” **举例**:“父母是养育您的人。养育您的任何东西都可以是父母。父母可以是任何东西——材料,蔬菜或矿物——已经教会您某件事情的东西。父母会是在世之物的世界,就在那儿。岩石——一个人可看着岩石并从中学到东西,因此会是父母。”

(0) None 无

(1) Questionable 可疑

(2) Mild: Occasional instances of illogicality 轻度:偶尔出现逻辑障碍

(3) Moderate: Frequent instances of illogicality (three or four times) 中度:频繁出现逻辑障碍(3 次或 4 次)

(4) Marked: Much of the subject's speech is illogical (more than four times) 显著:患者的许多言语都不合逻辑(4 次以上)

(5) Severe: Most of the subject's speech is illogical 严重:患者的大多数言语都不合逻辑

30. Circumstantiality 赘述

A pattern of speech which is very indirect and delayed in reaching its goal idea. In the process of explaining something, the speaker brings in many tedious details and sometimes makes parenthetical remarks. Circumstantial replies or statements may last for many minutes if the speaker is not interrupted and urged to get to the point. Interviewers will often recognize circumstantiality on the basis of needing to interrupt the speaker in order to complete the process of history-taking within an allotted time. When not called circumstantial, these people are often referred to as “long-winded”. 这种言语非常迂回曲折,迟迟才达到目标主题。在解释某事的过程中,讲述者会带出许多冗长乏味的细节,且有时会作附带说明。如果讲述者不被打断或被督促要突出要点的话,这种赘述性回答或叙述可持续达几十分钟。基于需要打断讲述者以便在规定时间内完成病史采集过程,访谈者往往会识别出赘述症状。若不被称为赘述,这些人经常被称为“绕圈子”。

Exclusions: Although it may coexist with instances of poverty of content of speech or loss of goal, it differs from poverty of content of speech in containing excessive amplifying or illustrative detail and from loss of goal in that the goal is eventually reached if the person is allowed to talk long enough. It differs from derailment in that the details presented are closely related to some particular goal or idea and that the particular goal or idea must be, by defini-

tion, eventually reached. **应排除**:赘述可与言语内容贫乏或失去谈话目标同时存在,但它与言语内容贫乏不同,含有过多的引申性或说明性细节,也不同于失去谈话目标,因为如果患者被允许讲足够长的时间,则最终会抵达谈话目标。它不同于出轨,其所述细节与某特定目标或思想密切相关,按照定义,这特定目标或思想一定会最终抵达。

(0) None 无

(1) Questionable 可疑

(2) Mild: Occasional instances of circumstantiality 轻度:偶尔出现赘述

(3) Moderate: Frequent instances of circumstantiality 中度:频繁出现赘述

(4) Marked: At least half of subject's speech is circumstantial 显著:患者的言语至少一半是赘述

(5) Severe: Most of the subject's speech is circumstantial 严重:患者的大多数言语都是赘述

31. Pressure of Speech 言语云集

An increase in the amount of spontaneous speech as compared to what is considered ordinary or socially customary. The subject talks rapidly and is difficult to interrupt. Some sentences may be left uncompleted because of eagerness to get on to a new idea. Simple questions which could be answered in only a few words or sentences are answered at great length so that the answer takes minutes rather than seconds and indeed may not stop at all if the speaker is not interrupted. Even when interrupted, the speaker often continues to talk. Speech tends to be loud and emphatic. Sometimes speakers with severe pressure will talk without any social stimulation and talk even though no one is listening. When subjects are receiving phenothiazines or lithium, their speech is often slowed down by medication, and then it can be judged only on the basis of amount, volume, and social appropriateness. If a quantitative measure is applied to the rate of speech, then a rate greater than 150 words per minute is usually considered rapid or pressured. This disorder may be accompanied by derailment, tangentiality, or incoherence, but it is distinct from them. 与被视作为平常的或社会的习惯相比,自发性言语的语量增多。患者语速快且难以打断。有些句子可能未能讲完因为要急于表达一个新观点。有些只需用几个词或几句话就能回答的简单问题,患者却要回答很长时间,以致回答花了几分钟而不是几秒钟,而且如果讲话者不被打断的话,实际上回答就根本不可能停止。即使被打断,讲话者也常常会继续讲下去。语声往往较大且有力。有时严重者会在毫无外界刺激下讲下去,即使无人听也会讲下去。当患者正在服用吩噻嗪类药物或锂盐时,他们讲话常会因药物作用而慢下来,那么这只有根据语量、音量以及与环境的协调性来进行评定。若用定量方法来评定语速,则超过每分钟150个词的语速通常被认为是快的或言语云集。言语云集可伴有出轨、不切题或不连贯,但又与之截然不同。

(0) None 无

(1) Questionable 可疑

(2) Mild: Slight pressure of speech; some slight increase in amount, speed, or loudness of speech 轻度:轻度言语云集;语量、语速或语音轻度增加

(3) Moderate: Usually takes several minutes to answer simple questions, may talk when no one is listening, and/or speaks loudly and rapidly 中度:通常要花几分钟时间来回答简单问题,无人听时也会讲,和(或)讲话又响又快
(4) Marked: Frequently talks as much as three minutes to answer simple questions; sometimes begins talking without social stimulation; difficult to interrupt 显著:常常要讲3min之久来回答简单问题;有时在没有外界刺激的情况下也会开始讲话;难以打断
(5) Severe: Subject talks almost continually, cannot be interrupted at all, and/or may shout to drown out the speech of others 严重:患者几乎一直在讲话,根本不能打断,和(或)可能声音很大盖没了别人的讲话声

32. Distractible Speech 言语随境转移

During the course of a discussion or interview, the subject stops talking in the middle of a sentence or idea and changes the subject in response to a nearby stimulus, such as an object on a desk, the interviewer's clothing or appearance, etc. 在讨论或访谈的过程中,患者在讲到一句话或一个想法的半当中停下来,对周围刺激有反应而将主题转移,如转到书桌上的东西、访谈者的衣着或外表等。

Example: "Then I left San Francisco and moved to ... where did you get that tie? It looks like it's left over from the 50's. I like the warm weather in San Diego. Is that a conch shell on your desk? Have you ever gone scuba diving?" **举例:**"然后我离开了旧金山,搬到……您在哪儿买的那条领带?它看上去像是50年代留下的。我喜欢圣迭戈的温暖气候。您书桌上是海螺壳吗?您曾经戴水肺潜水过吗?"

(0) None 无
(1) Questionable 可疑
(2) Mild: Is distracted once during an interview 轻度:访谈中出现过随境转移1次
(3) Moderate: Is distracted from two to four times during an interview 中度:访谈中出现过随境转移2~4次
(4) Marked: Is distracted from five to ten times during an interview 显著:访谈中出现过随境转移5~10次
(5) Severe: Is distracted more than ten times during an interview 严重:访谈中出现过随境转移10次以上

33. Clanging 音联

A pattern of speech in which sounds rather than meaningful relationships apear to govern word choice, so that the intelligibility of the speech is impaired and redundant words are introduced. In addition to rhyming relationships, this pattern of speech may also include punning associations, so that a word similar in sound brings in a new thought. 这种言语是根据词音而不是词义关系来进行词汇选择,以致于言语的可理解性是有缺陷的,并且多余的词汇被引进。除了同韵关系外,这种言语还可包括双关语关系,以致于一个发音相似的词会带来一个新的词义。

Example: "I'm not trying to make a noise. I'm trying to make sense. If you can make sense out of nonsense, well, have fun. I'm trying to make sense out of sense. I'm not making sense (cents) anymore. I have to make dollars." **举例**:"我没有试图发出噪声。我试图讲道理。如果你能从胡说中讲道理,好吧,那就好玩了。我试图从道理中讲道理。我不再讲道理(制造美分)。我不得不制造美元。"

(0) None 无
(1) Questionable 可疑
(2) Mild: Occurs once during an interview 轻度:访谈中出现过 1 次
(3) Moderate: Occurs from two to four times during an interview 中度:访谈中出现过 2~4 次
(4) Marked: Occurs five to ten times during an interview 显著:访谈中出现过 5~10 次
(5) Severe: Occurs more than ten times, or so frequently that the interview is incomprehensible 严重:出现过 10 次以上,或出现频繁使得访谈内容令人难以理解

34. Global Rating of Positive Formal Thought Disorder 阳性思维形式障碍总评

In making this rating, the interviewer should consider the type of abnormality, the degree to which it affects the subject's ability to communicate, the frequency with which abnormal speech occurs, and its degree of severity. 在本项评定中,访谈者应考虑思维形式异常的类型,它对患者交流能力的影响程度,及异常言语发生的频率。

(0) None 无
(1) Questionable 可疑
(2) Mild: Occasional instances of disorder; subject's speech is understandable 轻度:偶尔出现障碍;患者的言语可以理解
(3) Moderate: Frequent instances of disorder; subject is sometimes hard to understand 中度:频繁出现障碍;患者的言语有时令人难以理解
(4) Marked: Subject is often difficult to understand 显著:患者的言语常常令人难以理解
(5) Severe: Subject is incomprehensible 严重:患者的言语令人难以理解

附　　录

SAPS 评定说明

本量表主要用于评定精神分裂症患者阳性症状的病情严重程度和疗效。

包括 34 个条目,评分为 0~5 分的 6 级。

依据患者最近 1 个月的表现来评定。

参 考 文 献

Andreasen NC. The scale for assessment of positive symptoms (SAPS) (Copyright by Nancy C. Andreasen, 1984).

七、激越-镇静评定量表(ACES)

激越-镇静评定量表(Agitation-Calmness Evaluation Scale,ACES)

□ 1 明显激越

身体活动水平高;可出现言语表达水平明显增加;可能有身体暴力;请其控制激越的体征时,无法做到;可能需要持续护理、监督或身体约束

□ 2 中度激越

身体活动水平中度增加;出现言语表达水平增加,且可以有言语威胁;没有身体暴力;请其控制激越的体征时,可以部分做到;需要标准的护理或监督

□ 3 轻度激越

身体活动水平轻度增加;可出现言语表达水平轻度增加(例如,可能提高其音量);没有威胁或暴力;请其控制激越的体征时,可以做到;需要标准的护理或监督

□ 4 正常

身体活动水平正常;言语表达水平正常;清醒,连续睁眼

□ 5 轻度平静

言语和身体活动水平轻度下降;连续睁眼;依然知道周围环境且有反应

□ 6 中度平静

言语和身体活动水平中度下降;可能间断睁眼;易醒,或容易对轻微的言语刺激(如叫其名字)或身体刺激(如轻轻触摸)作出反应;刺激移开时保持清醒

□ 7 明显平静

言语和身体活动明显减少;睡眠浅;轻中度言语刺激(如叫其名字)或身体刺激(如触摸)可唤醒;刺激移开时容易进入睡眠

□ 8 深度睡眠

没有言语和身体活动;睡眠深;只有用强烈的言语刺激(如大声反复喊其名字)或身体刺激(如用力反复晃动其肩膀)才能非常费力地将其唤醒;刺激移开时立即重新睡眠

□ 9 无法唤醒

睡眠深;强烈的言语刺激(如大声反复喊其名字)或身体刺激(如用力反复晃动其肩膀)均不能唤醒

附　录

ACES 评定说明

本量表主要用于评定精神分裂症激越症状的严重程度和疗效。

评分为 1~9 分共 9 级。

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2. Centorrino F, Meyers AL, Jonna Ahl, et al. An observational study of the effectiveness and

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第二节　抑郁症状量表

一、蒙哥马利–艾斯伯格抑郁量表(MADRS)

蒙哥马利–艾斯伯格抑郁量表（Montgomery-Åsberg Depression Rating Scale, MADRS）

Please enter the appropriate score for each item. 请为以下每一项适当评分。

1. Apparent sadness 外表的悲伤 □

Representing despondency, gloom, and despair, (more than just ordinary transient low spirits) reflected in speech, facial expression, and posture. Rated by depth and inability to brighten up.

指反映在言语、表情和姿势方面的失望、沮丧和绝望(比平常短暂的情绪低落程度要重)。根据抑郁程度和“高兴不起来”的程度评分。

0 : No sadness. 无悲伤。

1

2: Looks dispirited but does brighten up without difficulty. 看起来沮丧,但高兴起来没有困难。

3

4 : Appears sad and unhappy most of the time. 大多数时间看起来悲伤、不愉快。

5

6 : Looks miserable all the time. Extremely despondent. 整天看起来都很痛苦,极度沮丧。

2. Reported sadness 悲伤诉述 □

Representing reports of depressed mood, regardless of whether it is reflected in appearance or not. Includes low spirits, despondency or the feeling of being beyond help and without hope. Rate according to intensity, duration and the extent to which the mood is reported to be influenced by events. 指自诉抑郁心境,不管在外表上有无反映,包括情绪低落、沮丧或感到无助和无望。按其强度、持续时间及所述的情绪受事件影响的程度评定。

0 : Occasional sadness in keeping with the circumstances. 偶有悲伤,与所处境况一致。

1

2: Sad or low but brightens up without difficulty. 有悲伤或情绪低沉,但愉快起来没有困难。

3

4: Pervasive feelings of sadness or gloominess. The mood is still influenced by external circumstances. 深深感到悲伤或沮丧,但心境仍可受外部环境影响。

5

6: Continuous or unvarying sadness, misery or despondency. 持续不断的悲伤、痛苦或沮丧。

3. Inner tension 内心紧张 □

Representing feelings of ill-defined discomfort, edginess, inner turmoil, mental tension mounting to either panic, dread or anguish. Rate according to intensity, frequency, duration, and the extent of reassurance called for. 指难以描述的不舒服、焦躁不安、内心混乱、精神紧张,直至惊恐、恐惧或极度痛苦。按照被试需要的安慰保证的强度、频度、持续时间及范围评定。

0: Placid. Only fleeting inner tension. 平静,偶有瞬间的内心紧张。

1

2: Occasional feelings of edginess and ill-defined discomfort. 偶有焦躁不安和难以名状的不舒服感。

3

4: Continuous feelings of inner tension or intermittent panic which the patient can only master with some difficulty. 持续感觉内心紧张或断续出现的惊恐,虽有些困难,但患者还能控制。

5

6: Unrelenting dread or anguish. Overwhelming panic. 持续的恐惧或极度痛苦。极度惊恐。

4. Reduced sleep 睡眠减少 □

Representing the experience of reduced duration or depth of sleep compared with the subject's own normal pattern when well. 指与其健康时的正常睡眠相比,主观体验的睡眠持续时间或深度减少。

0: Sleeps as usual. 睡眠如常。

1

2: Slight difficulty dropping off to sleep or slightly reduced, light or fitful sleep. 轻度入睡困难或睡眠时间略有减少,睡眠较浅或时睡时醒。

3

4: Sleep reduced or broken by at least two hours. 睡眠减少或中断至少 2h。

5

6: Less than two or three hours sleep. 睡眠时间少于 2~3h。

5. Reduced appetite 食欲减退 □

Representing the feeling of a loss of appetite compared with when well. Rate by loss of desire for food or the need to force oneself to eat. 指与其健康时相比,感觉食欲减退。根据食欲减退的程度或需要强迫自己进食的程度评分。

0: Normal or increased appetite. 食欲正常或增强。

1

2: Slightly reduced appetite. 轻度食欲减退。

3

4: No appetite. Food is tasteless. 没有食欲。食而无味。

5

6: Needs persuasion to eat at all. 完全需他人劝说才进食。

6. Concentration difficulties 注意力集中困难 □

Representing difficulties in collecting one's thoughts mounting to incapacitating lack of concentration. Rate according to intensity, frequency, and degree of incapacity produced. 指难以集中思想，直至完全不能集中注意力。根据注意力集中困难的强度、发生频度和范围评分。

0: No difficulties in concentrating. 无注意力集中困难。

1

2: Occasional difficulties in collecting one's thoughts. 偶有集中思想困难。

3

4: Difficulties in concentration and sustaining thought which reduces ability to read or hold a conversation. 难以集中注意力和持续思考，以致阅读或交谈能力降低。

5

6: Unable to read or converse without great difficulty. 必须克服很大困难才能阅读或交谈。

7. Lassitude 倦怠 □

Representing a difficulty getting started or slowness initiating and performing everyday activities. 指日常活动的起动困难或始动和进行缓慢。

0: Hardly any difficulty in getting started. No sluggishness. 起动几乎没有困难。无迟缓现象。

1

2: Difficulties in starting activities. 起动有困难。

3

4: Difficulties in starting simple routine activities which are carried out with effort. 难以开始简单的日常活动，需要付出努力才能完成。

5

6: Complete lassitude. Unable to do anything without help. 完全没有精神，无人帮助什么事也干不了。

8. Inability to feel 感受不能 □

Representing the subjective experience of reduced interest in the surroundings, or activities that normally give pleasure. The ability to react with adequate emotion to circumstances or people is reduced. 指主观上对周围环境或原先有乐趣的活动缺乏兴趣。对周围事物或人们产生恰当情感反应的能力减退。

0: Normal interest in the surroundings and in other people. 对周围环境和其他人的兴趣正常。

1

2: Reduced ability to enjoy usual interests. 享受日常兴趣的能力下降。

3

4: Loss of interest in the surroundings. Loss of feelings for friends and acquaintances. 对周围环境失去兴趣。对朋友和熟人缺乏感情。

5

6: The experience of being emotionally paralyzed, inability to feel anger, grief or pleasure and a complete or even painful failure to feel for close relatives and friends. 情绪麻木，不能感觉愤怒、悲伤或愉悦，且对亲友完全的甚至令人痛苦的没有感情。

9. Pessimistic thoughts 悲观思想 □

Representing thoughts of guilt, inferiority, self-reproach, sinfulness, remorse and ruin. 指内疚、自卑、自责、自罪、悔恨和自我毁灭等想法。

0: No pessimistic thoughts. 无悲观的想法。

1

2: Fluctuating ideas of failure, self-reproach or self-depreciation. 时有时无的失败、自责或自我贬低的想法。

3

4: Persistent self-accusations, or definite but still rational ideas of guilt or sin. Increasingly pessimistic about the future. 持久的自责，或明确的但尚近情理的内疚或自罪。对前途日益悲观。

5

6: Delusions of ruin, remorse or unredeemable sin. Self-accusations which are absurd and unshakable. 自我毁灭、自我悔恨或罪不可赦的妄想。荒谬而不可动摇的自我谴责。

10. Suicidal thoughts 自杀意念 □

Representing the feeling that life is not worth living, that a natural death would be welcome, suicidal thoughts and preparation for suicide. Suicidal attempts should not in themselves influence the rating. 指感到生命无价值，宁可死去，有自杀意念和自杀准备。自杀企图本身不应影响评分。

0: Enjoys life or takes it as it comes. 享受生活或顺其自然。

1

2: Weary of life. Only fleeting suicidal thoughts. 厌倦生活。偶有转瞬即逝的自杀意念。

3

4: Probably better off dead. Suicidal thoughts are common and suicide is considered as a possible solution, but without specific plans or intentions. 认为也许死了更好。常有自杀意念，并认为自杀是一种可能的解决办法，但没有具体的自杀计划或打算。

5

6: Explicit plans for suicide when there is an opportunity. Active preparations for suicide.
已拟定明确的计划伺机自杀。积极准备自杀。

附　　录

MADRS 评定说明

本量表主要用于评定抑郁症患者的抑郁症状严重程度和疗效。对精神症状(如精神不振,悲观)很敏感。研究显示该量表具有较高的内部信度一致性,α 系数为 0.88,重测信度好,组内相关系数为 0.94。

评估时间窗为过去 7d 里。

包括 10 个条目,评分为 0~6 分(严重程度递增)共 7 级。可能的最高分为 60 分。用作于指导 0 分、2 分、4 分和 6 分评定的描述性定义有助于评分, 奇数分值适用于介于两个定义之间。当评定每项的分值时,选择在评估期间和问题相关的最严重的症状,如果患者的回答介于两项之间,则评定程度轻的分值。总分<10 分被认为是抑郁症达到临床缓解的一个依据。

注意会谈技巧:评分应以临床检查为基础,先针对症状提一些宽泛的问题,然后提一些深入的问题,从而准确评定严重程度;用患者自己的语言来作澄清;要求举例和延伸;如果在会谈中出现了额外的信息,则宜改变早些的评分;避免诱导患者或者避免使用多选或是否的问题;澄清、质疑、量化、总结——直到您确信每一条目的评分;花时间以确保准确的回答。

评分原则参考点:MADRS 的一些条目是将患者的功能作为一个"参考"点,如(条目 4)睡眠深度是与患者健康时的"正常"状态相比较,而条目 8)指对"正常"时感兴趣的周围环境或活动的兴趣减少;参考点应是患者感觉良好(非抑郁状态)持续至少几周的最近的一段时间。

条目评分注意事项:

2. Reported Sadness 悲伤诉述:评定可包括会谈中的观察和从知情者处获得的信息;代表抑郁心境的主诉,不管在会谈中是否表现出来;包括无助和绝望的主观感觉;根据所诉的悲伤强度和持续时间及所诉情绪受外部事件影响的程度来评定,可问"当有开心事情发生时您会感觉好些吗"?

3. Inner Tension 内心紧张:反映了焦躁不安、焦虑和紧张,有别于未在此项中评定的疼痛或痛苦所伴有的肌肉紧张。

4. Reduced Sleep 睡眠减少:不评价睡眠增加、嗜睡、白天打盹或渴望多睡;评分为 1 分、2 分、3 分可能反映了入睡困难和(或)时睡时醒、睡眠不实及轻度的睡眠减少;高分(4 分、5 分、6 分)反映了与健康时的"正常"睡眠相比存在实际睡眠量的减少,如睡眠与"正常"睡眠相比至少减少了 2h(不足 6h)则评分为 4,至少睡足其"正常"睡眠时间的睡眠过度患者,仍可能因为时睡时醒(睡眠深度差)而评分高于"0 分"。

5. Reduced Appetite 食欲减退:评价目前的食欲(对食物的欲望),与患者健康时对食物有明显欲望这一"正常"参考点相比;不评价食物消耗量(实际吃进去的食物量)的减少、体重减轻或主动节食。

6. Concentration Difficulties 注意力集中困难：评价注意集中困难和思维集中明显困难的功能性影响；阅读能力下降可评 4 分；集中注意有很大困难或不能集中注意可评 6 分。

7. Lassitude 倦怠：起动活动轻度减缓，有迟缓现象（2 分）；难以开始和进行简单的日常活动（4 分）；完全不能做任何事（6 分）；该条目就是评价功能（做事情缓慢），如问“您有无逼迫自己去做事”？不评价疲劳。

8 . Inability to Feel 感受不能：评价对活动保持兴趣的能力、感受愉快的能力及对亲友有情感反应的能力；评价主观感受而非实际的功能活动，如受试者可能仍在从事活动但未感受到愉快感。

9. Pessimistic Thoughts 悲观思想：评价严重程度增加是根据悲观思想的强度和持续时间，最严重为存在自我毁灭、悔恨及十恶不赦的妄想；评价受试者关于自身的悲观想法，而非关于国家或社会未来的，如存在的是认为世界上有许多罪恶的奇特想法，而非受试者本人的自罪想法，则可评为 0 分，如存在认为世界上有许多罪恶而受试者应对此完全负责的想法，则可评为 6 分。

10. Suicidal Thoughts 自杀意念：只评价最近 1 周的自杀意念；5 分或 6 分用于评定可能有特定的自杀计划或打算或是已知其已为自杀做积极准备的受试者。

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二、汉密尔顿抑郁量表(HAMD-17)

汉密尔顿抑郁量表(Hamilton Depression Rating Scale-17，HAMD-17)

1. Depressed Mood (Sadness, hopeless, helpless, worthless) 抑郁情绪（悲伤、无望、无助、无价值） ☐
   - 0: Absent 无症状
   - 1: These feeling states indicated only on questioning 只有在问到时才诉述
   - 2: These feeling states spontaneously reported verbally 在谈话中自发地表达
   - 3: Communicates feeling states non-verbally (e.g., through facial expression, posture, voice and tendency to weep) 非言语地流露出这种情绪（如通过表情、姿势、声音和欲哭中）
   - 4: Subject reports virtually only these feelings in his spontaneous verbal and non-verbal communication 患者的自发言语和非言语表达几乎完全表现为这种情绪

2. Feeling of Guilt 有罪感 ☐
   - 0: Absent 无症状
   - 1: Self reproach, feels she has let people down 责备自己，感到自己辜负他人

2: Ideas of guilt or rumination over past errors or sinful deeds 认为自己犯了罪，或反复思考以往的错误或过失

3: Present illness is punishment. Delusions of guilt 认为自己目前的疾病是对自己的错误的惩罚，或有罪恶妄想

4: Hears accusatory or denunciatory voices and / or experiences threatening visual hallucinallons 听见指责或谴责性声音和（或）存在威胁性幻视

3. Suicide 自杀 □

0: Absent 无症状

1: Feels life is not worth living 觉得活得没有意义

2: Wishes he were dead or any thoughts of possible death to self 希望自己已经死去，或常想到与死有关的事

3: Suicide ideas or gesture 消极观念（自杀念头）或自杀姿势

4: Attempts at suicide (any serious attempt rates 4) 自杀企图（任何严重企图都评为4分）

4. Insomnia Early 入睡困难 □

0: No difficulty falling asleep 无入睡困难

1: Complains of occasional difficulty falling asleep (e.g., more than 30 minutes) 主诉有时有入睡困难（如上床30min后仍不能入睡）

2: Complains of nightly difficulty falling asleep 主诉每晚均有入睡困难

5. Insomnia Middle 睡眠不深 □

0: No difficulty 无症状

1: Subject complains of being restless and disturbed during the night 主诉半夜睡眠浅，多恶梦

2: Waking during the night—any getting out of bed rates 2 (except for purposes of voiding) 半夜（晚12点以前）曾醒来——任何醒来的情况都评为2分（不包括上厕所）

6. Insomnia Late 早醒 □

0: No difficulty 无症状

1: Waking in early hours of the morning but goes back to sleep 有早醒，但能重新入睡

2: Unable to fall asleep again if she gets out of bed 早醒后无法重新入睡

7. Work and Activities 工作和活动 □

0: No difficulty 无症状

1: Thoughts and feelings of incapacity, fatigue or weakness related to activities, work or hobbies 在活动、工作或爱好中感到力不从心、疲劳或虚弱

2: Loss of interest in activity; hobbies or work—either directly reported by subject, or indi-

rect in listlessness, indecision and vacillation (feels she has to push self to work or activities) 对活动、爱好或工作失去兴趣——患者直接或间接表达无精打采、优柔寡断和犹豫不决(感到须强迫自己才能工作或活动)

3: Decrease in actual time spent in activities or decrease in productivity. In hospital, rate 3 if subject does not spend at least three hours a day in activities (hospital job or hobbies) exclusive of ward chores. 活动的实际时间减少或效率降低。住院者每日病室活动(住院劳动或娱乐),不包括病室日常事务不满 3h。

4: Stopped working because of present illness. In hospital, rate 4 if subject engages in no activities except ward chores, or if subject fails to perform ward chores unassisted. 因目前的疾病而停止工作,住院者不参加除病室日常事务外的任何活动,或没有他人帮助便不能完成病室日常事务。

8. Retardation (Slowness of thought and speech; impaired ability to concentrate; and decreased motor activity) 迟滞(指思维和言语缓慢,注意力难以集中,主动性减退) □

0: Normal speech and thought 正常言语和思维

1: Slight retardation at interview 精神检查中发现轻度迟滞

2: Obvious relardation at intervlew 精神检查中发现明显迟滞

3: Interview difficult 精神检查进行困难

4: Complete stupor 完全木僵

9. Agitation 激越 □

0: None 无症状

1: Fidgetiness 心神不定

2: Playing with hands, hair, etc. 拨弄手、头发等

3: Moving about, can' t sit still 四处走动,不能静坐

4: Hand wringing, nail biting, hair-pulling, biting of lips 搓手、咬指甲、扯头发、咬嘴唇

10. Anxiety Psychic 精神性焦虑 □

0: No difficulty 无症状

1: Subjective tension and irritability 主观性紧张和易激惹

2: Worrying about minor matters 为小事担忧

3: Apprehensive attitude apparent in face or speech 表情和言谈中流露出明显忧虑

4: Fears expressed without questioning 毫无疑问表现出恐惧

11. Anxiety Somatic (Physiological concomitants of anxiety, such as dry mouth, wind, indigestion, diarrhea, cramps, belching, palpitations, headaches, hyperventilation, sighing, urinary frequency, sweating) 躯体性焦虑(焦虑的生理症状,如口干、气促、消化不良、腹泻、腹部绞痛、嗳气、心悸、头痛、过度换气、叹气、尿频、出汗) □

0: Absent 无症状

1: Mild 轻度

2: Moderate 中度

3: Severe 重度

4: Incapacitating 严重影响生活和活动

12. Somatic Symptoms: Gastrointestinal 胃肠道症状 □

0: None 无症状

1: Loss of appetite but eating without staff encouragement, heavy feelings in abdomen. 食欲减退，但不需要他人鼓励便自行进食，腹部沉重感。

2: Difficulty eating without staff urging. Requests or requires laxatives or medication for bowels or medication for G.I. symptoms. 进食需他人催促；请求或需要应用轻泻剂或通便药、或针对胃肠症状的药物。

13. Somatic Symptoms: General 全身症状 □

0: None 无症状

1: Heaviness in limbs, back or head. Backaches, headache, muscle aches. Loss of energy and fatigability. 四肢、背部或头部沉重感；背痛、头痛、肌肉疼痛；全身乏力和疲倦。

2: Any clear-cut symptom rates 2 出现任何明显症状评为 2

14. Genital Symptoms (Loss of libido, Menstrual disturbances) 性症状(性欲丧失、月经失调) □

0: Absent 无症状

1: Mild 轻度

2: Severe 重度

15. Hypochondriasis 疑病 □

0: Not present 无症状

1: Self-absorption (bodily) 对(身体健康)过分关注

2: Preoccupation with health 反复考虑健康问题

3: Frequent complaints, requests for help, etc. 经常抱怨、请求帮助等

4: Hypochondriacal delusions 疑病妄想

16. Loss of Weight 体重减轻 □

0: No weight loss 无体重减轻

1: Probable weight loss associated with present illness 可能存在与目前疾病有关的体重减轻

2: Definite (according to subject) weight loss 肯定的体重减轻(据患者)

3: Not assessed 未评估

17. Insight 自知力 □

0: Acknowledges being depressed and ill 知道自己有病,表现为抑郁

1: Acknowledges illness but attributes cause to bad food, climate, overwork, virus, need for rest, etc. 知道自己有病,但归咎伙食太差、环境问题、工作过忙、病毒感染或需要休息等

2: Denies being ill at all 完全否认有病

HAMD 总分:□□

附　录

HAMD-17 评定说明

本量表主要用于评定抑郁症患者的抑郁症状严重程度和疗效。

评估期为本次面谈前 1 周,但第 8、第 9、第 11 三项是评定面谈当时的情况,而第 16 项是评定本次发作前。

包括 17 个条目,评分为 0~2 共 3 级或 0~4 分共 5 级。

总分≥15 分被认为是达到诊断为抑郁症的一个依据,而总分≤7 分被认为是抑郁症达到临床缓解的一个依据。

评定伊始应告诉患者本次面谈的目的,要求其准确回答问题。应连续地进行每一项。第 1 项评定依据是面谈时所观察的情况和患者口头自述情况,第 7 项尚需向患者家属或病房工作人员收集资料,其余依据患者口头自述情况。对每一项,选择最适合患者特征的编码(只记录一个回答)。对每一项评定请写出注释。

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三、罗斯切尔德抗抑郁剂减效量表(RSAT)

罗斯切尔德抗抑郁剂减效量表 (Rothschild Scale for Antidepressant Tachyphylaxis, RSAT)

1. Energy level 体力状况 □

Compare your energy level during the past 2 weeks to your energy level when you first recovered from your most recent episode of depression. 请将您过去 2 周的体力状况,与您首次从最近一次抑郁发作中恢复过来时的体力状况进行比较。

0: No change or increased energy. 无变化或体力增强。

1: Slightly (or perhaps) decreased. 体力稍有(或可能)下降。

2: Definitely decreased; but has resulted in no change in activities or functioning. 体力确实差了;但不影响活动或身体功能。

3: Definitely decreased; with some decrease in ability to participate in normal activities. 体力

确实差了;参加正常活动的能力也有些下降了。

4: Significantly decreased; unable to participate in most of usual activities or stays in bed at least three hours for at least four days during the past two weeks. 体力差了很多;在过去2周内无法参加大多数正常活动,或者至少有4d躺在床上至少3h。

2. Motivation and interest 动机和兴趣 □

Describe your motivation and interest in life during the past two weeks? Do you feel apathetic? Do you suffer from "the blahs"? 请描述一下您在过去2周内对生活的动机与兴趣?您觉得对什么事情都没兴趣吗?您觉得"无聊、没劲儿"吗?

0: Interested and motivated; no difficulty. 对事情有兴趣和动机;没问题。

1: Mild loss of interest. 兴趣稍微减少。

2: Moderate loss of interest; but denies apathy or "the blahs". 兴趣中度减少;但不认为没兴趣或"没劲儿"。

3: Significant loss of interest; admits to being apathetic or having "the blahs". 兴趣明显减少;承认感到没兴趣或"没劲儿"。

4: No interest in much of anything. 对几乎任何事都不感兴趣。

3. Cognitive functioning 认知功能 □

Which of the following best describes your mind, thought processes, concentration, and ability to think during the past two weeks? 以下哪项最符合您在过去2周内的想法、思维过程、专心程度与思考能力?

0: "As sharp as I usually am". "我和平常一样敏捷"。

1: "I may be a little slowed up". "我可能有点迟缓"。

2: "I am definitely slowed up, but I can manage. I don't think anyone can notice". "我确实感到迟缓,但我可以控制。我想没有人看得出来"。

3: "I am definitely slowed up and I think it is noticeable to other people". "我确实感到迟缓,我想别人可以看得出来"。

4: "I can hardly think straight, it is interfering with my ability to function". "我几乎无法清楚地思考,它干扰到我的身体功能"。

4. Weight gain 体重增加 □

Have you had an increased appetite or gained any weight in the past month? 您在最近1个月内食欲或体重是否增加了?

0: No change or decreased appetite and/or weight. 食欲和(或)体重无变化或未下降。

1: Possibly increased appetite. 食欲可能增加了。

2: Possibly increased appetite and more than a 2 lb gain in the past month. 最近1个月食欲可能增加了,体重可能增加了2磅以上。

3: Definite increased appetite and/or more than a 4 lb gain in the past month. 最近1个月食欲确实增加了,并且(或者)体重增加了4磅以上。

4: Definite increased appetite and more than a 6 lb gain in the past month. 最近 1 个月食欲确实增加了,并且体重增加了 6 磅以上。

5. Sleep 睡眠 □

Over the past two weeks have you had trouble falling asleep and/or disrupted sleep (waking up in the middle of the night)? 在过去 2 周里,您有睡不着和(或)睡不好(半夜醒来)的问题吗?

0: No difficulty. 没有问题。

1: One of the above; once or twice per week. 有其中一种情况:每周 1 次或 2 次。

2: One of the above; at least three times per week. 有其中一种情况:每周至少 3 次。

3: Both of the above; once or twice per week. 以上两种情况都有:每周 1 次或 2 次。

4: Both of the above; at least three times per week. 以上两种情况都有:每周至少 3 次。

5: One or both of the above; every night. 每晚都有其中一种情况或两种情况。

6. Sexual functioning 性功能 □

Describe your sexual functioning over the past two weeks. Has there been any decrease in your interest in sex? Any difficulty having an orgasm? Any decrease in level of sexual satisfaction? 请描述您在过去 2 周内的性功能状况。是否对性的兴趣有所下降?是否难以达到性高潮?是否对性的满意度有所下降?

0: Normal sexual functioning. 性功能正常。

1: Mild decrease in one of the following: libido, orgasm function, sexual satisfaction. 以下各项中有一项轻度下降:性欲、性高潮、性满意度。

2: Moderate decrease in one or mild decrease in two of the following: libido, orgasm function, sexual satisfaction. 以下各项中有一项中度下降或有两项轻度下降:性欲、性高潮、性满意度。

3: Moderate decrease in two or more of the following: libido, orgasm function, sexual satisfaction. 以下各项中有两项或两项以上中度下降:性欲、性高潮、性满意度。

4: No libido or interest in sex at all. 无性欲或对性根本不感兴趣。

7. Affect 情绪表现 □

Note:Assessed during the interview. 注:在访谈时进行评估

0: Normal present. 表现正常。

1: Mild decreased facial expression or somewhat monotonous voice or decreased gestures or seems indifferent. 面部表情轻度减少或声音有点单调或身体动作减少或似乎漠不关心。

2: Moderate; as above, but more intense or prolonged. 中度;如上,但更强烈或持续时间更长。

3: Moderate severe; flattening of affect including at least two of the following four features: severe lack of facial expression, monotonous voice, restricted body gestures, indifference. 中重度;情绪表现平淡,至少包括以下四项特征中的两项:面无表情、声音单调、身体动作拘谨、表情冷漠。

4: Severe; profound flattening of affect. 重度;很明显毫无情绪表现。

附　　录

RSAT 评定说明

在抑郁发作治疗有效后,许多患者诉说有淡漠或动力下降、疲劳、认知功能的迟钝、睡眠障碍、体重增加及性功能减退等症状,这就是抗抑郁药减效现象的特征。本量表就是评估这一现象的可靠且有效的工具。该量表有很好的内部信度一致性,α 系数 0.902,重测信度好,组内相关系数为 0.822。

包括 6 个自评条目评估:体力状况、动机和兴趣、认知功能、体重增加、睡眠和性功能,及 1 个他评条目,即第 7 项情绪表现。评分为 0~4 分共 5 级。

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四、卡尔加里精神分裂症抑郁量表(CDSS)

卡尔加里精神分裂症抑郁量表(Calgary Depression Scale for Schizophrenia, CDSS)

交谈者:每一条的第一个问题按书面形式提出,而随后的问题或细节追问,则依您的判断而定。若无特殊规定,评定的时间跨度为最近 2 周。注意:最后一条(第九条)以整个会谈的观察为基础而评定。

1. 抑郁情绪(Depression):您如何描述过去 2 周您的情绪(心境)?最近您是保持适当的愉快还是心情非常不好或精神不振?最近 2 周这种情况(用患者自己的话描述)每日出现多少时间?整日都是这样吗? □

   0 无

   1 轻度 问及时才诉述有些悲伤或沮丧

   2 中度 最近 2 周里将近一半的时间持续明显抑郁情绪;每日均有

   3 重度 在半数以上的时间里每日持续存在显著的抑郁情绪,妨碍日常活动和社会功能

2. 绝望感(Hopelessness):您如何看待您的将来?您能说说您将来的打算吗?或者生活似乎没有希望?您是已经放弃,还是似乎还有理由再试一试? □

   0 无

   1 轻度 最近 2 周有时感到绝望,但在一定程度上对将来仍存希望。

   2 中度 近 1 周持续存在中度的绝望感。在劝说下能认识到事情可能比想象的要好

   3 重度 持续和令人痛苦的绝望感。

3. 自我贬低(Self-depreciation):与别人相比您对自己怎样评价?您感觉比别人好些,不太好,还是与别人差不多?您是不是感觉不如别人或觉得自己没有价值? □
   0 无
   1 轻度 有些自卑,但未达到感觉没有价值的程度
   2 中度 一半以下的时间自我感觉没有价值
   3 重度 多于一半的时间自我感觉没有价值;有可能接受相反的解释

4. 罪感性牵连观念(Guilty ideas of reference):您是不是感到因某些事情而受到责怪,甚至遭受不恰当的谴责?为了什么事?(不包括恰当的责备或谴责,排除罪恶妄想) □
   0 无
   1 轻度 少数时间自觉受责备,但未感到受谴责
   2 中度 持续感觉受责备,和(或)偶尔感觉受谴责
   3 重度 持续感到受谴责;当提出质疑时能认识到事情并非如此

5. 病理性罪感(Pathological guilt):您是不是总是为过去所做的小事而自责?您认为有必要这样重视它吗? □
   0 无
   1 轻度 有时因为一些小的过失而过分内疚;但时间不超过半数
   2 中度 过分夸大过去行为的严重性,经常(超过半数时间)为此而感到内疚
   3 重度 尽管并非自己的过错,也经常感到自己应该为既往所有的错事而受责备

6. 晨间抑郁(Morning depression):在过去2周内当您感到心情不好时,您是不是注意到1d中有一段特别的时间抑郁情绪比较重? □
   0 无 无抑郁情绪
   1 轻度 有抑郁情绪,但无昼夜的差异
   2 中度 自发地提到上午的抑郁情绪较严重
   3 重度 上午的抑郁情绪明显较重,且功能缺损(抑郁)在午后改善

7. 早醒(Early wakening):您是不是比平时早醒?这种情况1周发生多少次? □
   0 无 无早醒
   1 轻度 偶尔(每周1~2次)比平时或闹钟定时早醒1h或1h以上
   2 中度 经常(每周3~5次)比平时或闹钟定时早醒1h或1h以上
   3 重度 每周6~7次(每日)比平时早醒1h或1h以上

8. 自杀(Suicide):您是不是有时感到活着已没有任何价值?您是不是想过要结束自己的生命?您是不是想过您可能采取什么行动?您确实做过吗? □
   0 无
   1 轻度 常常想还不如死了好,或偶有自杀的想法
   2 中度 蓄意谋划自杀计划,但未付诸行动

3　重度 有明显以死亡为目的的自杀行动(即手段无效而被意外发现)

9. 观察到的抑郁表现(Observed depression):以评定者在整个面谈过程中的观察为根据评分。在交谈中适时使用“您是否感到想哭?”这样的问题,可能会引出此种观察有用的信息。 □

0　无

1　轻度 即使在交谈的某一时期,包括谈及不具有情感色彩的话题(被观察者),也会出现忧伤和悲痛

2　中度 在整个交谈过程中均出现忧伤和悲痛,且时时伴随着郁闷单调的话音,泪流满面或几乎流泪

3　重度 涉及忧伤的话题就哽咽,常常深深叹息和放声大哭,或检查者确认他/她一直处于欲哭无泪的悲痛欲绝状态

CDSS 总分: □□

附　　录

CDSS 评定说明

本量表主要用于评定精神分裂症患者的抑郁症状严重程度和疗效。有研究表明该量表具有较好的内部信度一致性,α 系数 0.83,评分员间的评定可靠性好,单个条目的组内相关系数>0.73,总分的组内相关系数为 0.92,重测信度高,组内相关系数为 0.89。该量表也显示了良好的结构效果。敏感性为 94.7%,特异性为 86.5%。

包括 9 个条目,评分为 0~3 分共 4 级。

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五、抑郁症状快速检查——自我报告评分(QIDS-SR16)

抑郁症状快速检查——自我报告评分 (16-item Quick Inventory of Depressive Symptomatology—Self-Report, QIDS-SR16)

请在下列每一题中最能描述您过去 7d 的情况的选项上打“√”。

1. 入睡:

0. 我不曾超过 30 min 入睡。

1. 我在少于半数的时候,需要至少 30 min 才能入睡。

2. 我在超过半数的时候,需要至少 30 min 才能入睡。

3. 我在超过半数的时候,需要超过 60 min 才能入睡。

2. 夜间睡眠：
   0. 我不会在夜寝间中途醒来。
   1. 我每晚都睡得不安宁、睡得很浅，而且会短暂地醒来几次。
   2. 我在半夜至少醒来一次，但都能很容易地再次入睡。
   3. 我在超过半数的时候，会在半夜醒来超过一次，每次醒来 20min 或更长时间。
3. 太早醒来：
   0. 我在大多数的时候，都是在需要起床之前的 30min 内醒来。
   1. 我在超过半数的时候，都是在需要起床之前超过 30min 便已醒来。
   2. 我几乎都是在需要醒来之前 1h 左右醒来，但我最后会再次入睡。
   3. 我在需要起床之前至少 1h 醒来，而且无法再次入睡。
4. 睡太多：
   0. 我每晚睡觉时间不超过 7~8h，白天不需要午睡。
   1. 我在 24h 内，包括午睡的睡眠时间不超过 10h。
   2. 我在 24h 内，包括午睡的睡眠时间不超过 12h。
   3. 我在 24h 内，包括午睡的睡眠时间超过 12h。
5. 觉得悲伤：
   0. 我没有感到悲伤。
   1. 我在少于半数的时候会感到悲伤。
   2. 我在超过半数的时候会感到悲伤。
   3. 我在几乎所有时间都会感到悲伤。

请选择第 6 题或第 7 题作答(不可两题都答)

6. 食欲减退:
   0. 我的食欲与平常的没有不同。
   1. 我的进食次数比平常稍微少一点，或进食量较少。
   2. 我的食量比平常少很多，而且需要费劲才能进食。
   3. 我在 24h 内很少进食，而且需要费很大的劲或者在别人的说服下才进食。

—或—

7. 食欲增强:
   0. 我的食欲与平常的没有不同。
   1. 我比平常更常觉得需要吃东西。
   2. 我进食次数比以往频繁和(或)食量增加。
   3. 我在用餐时和在两餐之间感到有过量进食的欲望。

请选择第 8 题或第 9 题作答(不可两题都答)

8. 在前 2 周中：
   0. 我的体重没有改变。
   1. 我觉得我的体重好像减轻了点。

2. 我的体重减轻了 1kg 或更多。
3. 我的体重减轻了 2.5kg 或更多。

—或—

9. 在前 2 周中：
   0. 我的体重没有改变。
   1. 我觉得我的体重好像增加了点。
   2. 我的体重增加了 1kg 或更多。
   3. 我的体重增加了 2.5kg 或更多。

过去的 7d 中……

10. 注意力、决策能力：
    0. 平常的注意力与进行决策的能力没有改变。
    1. 我偶尔感到犹豫不决或发现到注意力经常分散。
    2. 我在大部分时间需要费劲才能集中注意力或做出决策。
    3. 我无法集中注意力阅读或无法做出简单的决定。
11. 对自我的看法：
    0. 我认为自己和其他人一样有价值和一样重要。
    1. 我比平时更会自我责备。
    2. 我通常认为我会带给别人麻烦。
    3. 我几乎不断地在想我个人的大小缺点。
12. 死亡或自杀的念头：
    0. 我没有想到自杀或死亡。
    1. 我觉得生命空虚或怀疑活着是否有价值。
    2. 我在 1 周内有几次想到自杀或死亡，而且每次持续几分钟。
    3. 我在 1d 内有几次比较深入地想到自杀或死亡，或我已作了自杀的具体计划，或曾经试图自杀。
13. 一般兴趣：
    0. 我对其他人或活动的兴趣和平常一样，没有改变。
    1. 我注意到我对人或活动变得较无兴趣。
    2. 我发现我只对一二件以往热衷的活动仍有兴趣。
    3. 我对以往热衷的活动几乎毫无兴趣。

过去的 7d 中……

14. 体力：
    0. 我的体力与平常一样。
    1. 我比平常更容易疲倦。
    2. 我需要费很大的劲才能开始或完成我的日常活动（例如，购物、功课、煮饭或上班）。
    3. 我因为缺乏精力，无法完成大部分的日常活动。

15. 感觉变慢：
    0. 我以我平常的速度思维、行动和说话。
    1. 我发现我的思维减缓或我的声音呆滞或单调。
    2. 我对大多数的问题都要花几秒钟才能做出反应，而且我确信自己的思维能力已经减缓。
    3. 如果没有极度的努力，我经常无法对问题做出反应。
16. 觉得坐立不安：
    0. 我没有觉得坐立不安。
    1. 我经常觉得坐立不安，揉搓双手并经常变换坐姿。
    2. 我感觉有四处走动的冲动，而且感觉相当不安。
    3. 有时候我无法安静地坐着，需要四处走动。

总分：____________

附　　录

QIDS-SR16 评定说明

本量表为自评式问卷，是评估根据 DSM IV 标准诊断重性抑郁症(MDD)的 9 项症状，对发现抑郁症状严重程度的变化较敏感。

包括 16 个条目，评分为 0~3 分共 4 级。

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六、自杀意念量表(SSI)

自杀意念量表(Scale for Suicidal Ideation, SSI)

Please enter the appropriate score for each item. 请为每一项条目圈出恰当的回答。

1. Wish to live 活着的愿望
   0: Moderate to strong 中度至强烈
   1: Weak 较弱
   2: None 无
2. Wish to die 死去的愿望
   0: None 无
   1: Weak 较弱
   2: Moderate to strong 中度至强烈
3. Reasons for living/dying 活着的或死去的理由
   0: For living outweigh for dying 活着的理由超过死去的理由
   1: About equal 活着的理由与死去的理由大约相等

2: For dying outweigh for living 死去的理由超过活着的理由

4. Desire to make active suicide attempt 主动自杀愿望
   0: None 无
   1: Weak 较弱
   2: Moderate to strong 中度至强烈
5. Passive suicidal desire 被动自杀愿望
   0: Would take precautions to save life 采取预防措施来挽救生命
   1: Would leave life/death to chance 将生死听天由命
   2: Would avoid steps necessary to save or maintain life 避免采取必要措施以挽救或维持生命
6. Time dimension: duration of suicide ideation/wish 时间跨度:自杀意念或愿望的持续时间
   0: Brief fleeting periods 短暂的、一闪而过
   1: Longer periods 较长时间
   2: Continuous (chronic) or almost continuous 持续的(慢性的)或几乎是持续的
7. Time dimension: frequency of suicide 时间跨度:自杀意念或愿望的出现频率
   0: Rare occasional 少有,偶尔的
   1: Intermittent 断断续续
   2: Persistent or continuous 持久的或持续的
8. Attitude toward ideation/wish 对自杀意念或愿望的态度
   0: Rejecting 排斥
   1: Ambivalent indifferent 矛盾的、不在乎的
   2: Accepting 认可的
9. Control over suicidal action/acting-out wish 自我控制自杀行为或自我控制付诸行动的自杀愿望
   0: Has sense of control 有能控制的感觉
   1: Unsure of control 不确定能否控制
   2: Has no sense of control 无能控制的感觉
10. Deterrents to active attempt 制止主动自杀的因素
    0: Would not attempt because of a deterrent 因为存在制止因素而不会做自杀尝试
    1: Some concern about deterrents 对制止因素有所考虑
    2: Minimal or no concern about deterrents 对制止因素极少考虑或不考虑
11. Reason for contemplated attempt 打算自杀的理由
    0: To manipulate the environment; get attention or revenge 为了应付环境;为了吸引注意或报复
    1: Combination of desire to manipulate and to escape 应付环境的愿望兼有逃避的愿望
    2: Escape or surcease to solve problems 逃避或停止解决问题
12. Method: specificity or planning of contemplated attempt 自杀方法:打算自杀的具体措施或计划
    0: Not considered 不考虑

1: Considered but details not worked out 有所考虑但未制订细节

2: Details worked out and well-formulated 制订了详尽的自杀计划

13. Method: availability/opportunity for contemplated attempt 自杀方法：自杀打算的可行性或机会

0: Method not available or no opportunity 方法不可行或无机会

1: Method would take time or effort; opportunity not readily available 方法要费时或费力；机会非现有的

2_a: Method and opportunity available 方法和机会是现有的

2_b: Future opportunity or availability of method anticipated 预期的方法在将来会有机会或可行的

14. Sense of "capability" to carry out attempt 实施自杀"能力"的感觉

0: No courage, too weak, afraid incompetent 无勇气、感觉太弱、害怕不能实施

1: Unsure of courage or competence 不确定有无自杀勇气或能否实施自杀

2: Sure of competence courage 确定有实施自杀的勇气

15. Expectancy/anticipation of actual attempt 期望或预计会自杀

0: No 无

1: Uncertain, not sure 不肯定、不确定

2: Yes 有

16. Actual preparation for contemplated attempt 打算自杀的实际准备情况

0: None 无准备

1: Partial 部分准备

2: Complete 准备充分

17. Suicide note 自杀遗言

0: None 无

1: Started but not completed; only thought about 已开头但未完成；只是想过

2: Completed 已完成

18. Final acts in anticipation of death 自杀前最后安排

0: None 无

1: Thought about or made some arrangements 考虑过或做过一些安排

2: Made definite plans or completed arrangements 制订了明确计划或安排好了一切

19. Deception or concealment of contemplated suicide 蒙蔽或隐瞒自杀打算

0: Revealed ideas openly 公开流露自杀想法

1: Held back on revealing 迟疑地流露自杀想法

2: Attempted to deceive, conceal or lie 试图蒙蔽、隐瞒自杀想法或说谎

附　录

SSI 评定说明

本量表主要用于评定自杀意念的严重程度。它是根据贝克自杀意念量表(Beck Scale for Suicidal Ideation, BSS)而制定的。BSS 是一个有 21 个条目的问卷，包括 5 个初筛问题，

评估参加人员活着或想死的愿望，及实施自杀的欲望强度。

包括 19 个条目，评分为 0~2 分共 3 级。

Overview: 总则：

The Scale for Suicidal Ideation consists of 19 items, which can be used to evaluate a patient's suicidal intentions. The scale can be used to identify a patient at significant risk and to monitor a patient's response to interventions over time. 自杀意念量表包含 19 个条目，可用来评估患者的自杀意图。该量表可用来鉴别高自杀风险的患者，并监测患者对干预后的反应。

参 考 文 献

1. Beck AT, Kovacs M, Weissman A. Assessment of suicidal intention: the scale of suicide ideation. J Consult Clin Psychology, 1979, 47(2): 343-352.
2. 李献云, 费立鹏, 童永胜, 等. Beck 自杀意念量表中文版在社会成年人群中应用的信效度. 中国心理卫生杂志, 2010, 24 (4): 250-255.

七、哥伦比亚-自杀严重程度评定量表(C-SSRS)

哥伦比亚-自杀严重程度评定量表（Columbia-Suicide Severity Rating Scale, C-SSRS）

SUICIDAL IDEATION 自杀意念	
Ask questions 1 and 2. .If both are negative, proceed to "Suicidal Behavior" section. If the answer to question 2 is "yes", ask questions 3, 4 and 5. If the answer to question 1 and/or 2 is "yes", complete "Intensity of Ideation" section below. 询问问题 1 和 2。如果对这两个问题的回答均为否，请转至"自杀行为"部分。如果对问题 2 的回答为"是"，请询问问题 3、4、5。如果对问题 1 的回答和(或)对问题 2 的回答为"是"，请完成下面的"意念强度"部分。	Lifetime: Time He/She Felt Most Suicidal 在一生中：最想自杀的时间
1. Wish to Be Dead 希望死去 Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. 受试者承认有希望死去或不再活下去的想法，或者有希望睡着后不再醒来的想法。 Have you wished you were dead or wished you could go to sleep and not wake up? 您曾希望自己死去或者希望自己睡着后不再醒来吗？ If yes, describe: 如果是，请描述：	Yes是 No否 ☐ ☐
2. Non-Specific Active Suicidal Thoughts 不具体的主动自杀想法 General, non-specific thoughts of wanting to end one's life/commit suicide (e.g., "I've thought about killing myself") without thoughts of ways to kill oneself/associated methods, intent, or plan. 在评估期间，结束自己的生命、实施自杀的想法是一般性的，并不具体(如"我想过自杀")，但没有想过自杀的方式、相关的方法、意图或计划。 Have you actually had any thoughts of killing yourself? 您确实有过自杀的想法吗？ If yes, describe: 如果是，请描述：	Yes是 No否 ☐ ☐

（续表）

3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act 有方法(非计划)但无行动意图的主动自杀意念 Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, "I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it ... and I would never go through with it". 在评估期间，受试者承认有自杀的想法并想过至少一种自杀方法。这与那种已制订出时间、地点或具体方法的具体计划有所不同(如想过自杀的方法但没有具体的计划)。这包括有人会说："我想过服用过量药物，但是我从来就没有制订过一个在何时、何地以及如何实际操作的具体计划……而且我永远不会这么做"。 Have you been thinking about how you might do this? 您想过会如何自杀吗？ If yes, describe: 如果是，请描述：	Yes是 No否 ☐ ☐
4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan 有行动意图但无具体计划的主动自杀意念 Active suicidal thoughts of killing oneself and subject reports having <u>some intent to act on such thoughts</u>, as opposed to "*I have the thoughts but I definitely will not do anything about them*". 有主动自杀的想法，并且受试者报告说有<u>实施这些想法的意图</u>，而不是"*我有这些想法但我肯定不会去实施*"。 Have you had these thoughts and had some intention of acting on them? 您有过这些想法并有过实施这些想法的意图吗？ If yes, describe: 如果是，请描述：	Yes是 No否 ☐ ☐
5. Active Suicidal Ideation with Specific Plan and Intent 有具体计划和意图的主动自杀意念 Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out. 关于自杀想法的计划细节已完全或部分制订好，并且受试者有执行计划的意图。 Have you started to work out or worked out the details of how to kill yourself? 您已经开始制订或者已经制订了详细的自杀计划吗？ Do you intend to carry out this plan? 您是否打算执行这个计划？ If yes,describe: 如果是，请描述：	Yes是 No否 ☐ ☐
INTENSITY OF IDEATION 意念的强度	
The following features should be rated with respect to the most severe type of ideation (e.g., 1-5 from above ,with 1 being the least severe and 5 being the most severe). Ask about time he/she was feeling the most suicidal.应评定以下有关最强烈意念的特征(如从以上1~5中选，1为最轻，5为最重)。询问他(她)最想自杀的时间。 Most Severe Ideation: ______________ ____________________ 最强烈的意念： Type#(1~5) 类型编号(1~5)　Description of Ideation 意念描述	Most Severe 最强烈的

（续表）

Frequency 频率 How many times have you had these thoughts? 您产生这些想法的次数有多少？ (1) Less than once a week 1 周少于 1 次 (2) Once a week 1 次/周 (3) 2-5 times in a week 2~5 次/周 (4) Daily or almost daily 1 次/d 或几乎 1 次/d (5) Many times each day 每日多次	——
Duration持续时间 When you have the thoughts, how long do they last? 当您有自杀想法时，这些想法会持续多久？ (1) Fleeting–few seconds or minutes 短暂的时间——仅仅几秒钟或几分钟 (2) Less than 1 hour/some of the time 不到 1h 或一段时间 (3) 1~4 hours/a lot of time 1~4h 或很长时间 (4) 4~8 hours/most of day 4~8h 或几乎 1d (5) More than 8 hours/persistent or continuous 超过 8h 或持久或连续的时间	——
Controllability 可控性 Could/can you stop thinking about killing yourself or wanting to die if you want to? 如果您愿意的话，您能否停止自杀或希望死去的想法？ (1) Easily able to control thoughts 能轻易的控制这些想法 (2) Can control thoughts with little difficulty 能控制这些想法，几乎没有困难 (3) Can control thoughts with some difficulty 能控制这些想法，但有些困难 (4) Can control thoughts with a lot of difficulty 能控制这些想法，但非常困难 (5) Unable to control thoughts 不能控制这些想法 (0) Does not attempt to control thoughts 不尝试控制这些想法	——
Deterrents 制止因素 Are there things–anyone or anything (e.g., family, religion, pain of death)–that stopped you from wanting to die or acting on thoughts of committing suicide? 有没有什么因素——某人或某物(如家庭、宗教、死亡的痛苦等)——曾制止您产生希望死去的念头或实施自杀的想法？ (1) Deterrents definitely stopped you from attempting suicide 制止因素的确曾制止过您的自杀企图 (2) Deterrents probably stopped you 制止因素可能曾制止过您 (3) Uncertain that deterrents stopped you 不确定制止因素是否制止过您 (4) Deterrents most likely did not stop you 制止因素很可能没有制止过您 (5) Deterrents definitely did not stop you 制止因素绝对没有制止过您 (0) Does not apply; wish to die only 不适用；只想死	——
Reasons for Ideation 自杀意念的产生原因 What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling (in other words you couldn't go on living with this pain or how you were feeling) or was it to get attention, revenge or a reaction from others? Or both? 哪些原因使您有希望死去或自杀的想法？是为了结束痛苦或终止您当时的感受(换句话说，这种痛苦或您当时的感受使您无法继续忍受)，还是为了引起他人的关注、反应或报复他人？或者两者都有？	

（续表）

(1) Completely to get attention, revenge or a reaction from others. 完全是为了引起他人的关注、反应或报复他人。 (2) Mostly to get attention, revenge or a reaction from others. 主要是为了引起他人的关注、反应或报复他人。 (3) Equally to get attention, revenge or a reaction from others and to end/stop the pain. 既是为了引起他人的关注、反应或报复他人,也是为了结束/停止痛苦。 (4) Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling). 主要是为了结束或停止痛苦(您无法继续忍受这种痛苦或当时的感受)。 (5) Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling). 完全是为了结束或停止痛苦(您无法继续忍受这种痛苦或当时的感受)。 (0) Does not apply 不适用	——
SUICIDAL BEHAVIOR 自杀行为 (Check all that apply, so long as these are separate events; must ask about all types) (只要这些自杀行为是独立事件,就勾选所有符合的内容;必须询问所有的类型)	Lifetime 在一生中
Actual Attempt: 实际尝试: A potentially self-injurious act committed with at least some wish to die, as a result of act. Behavior was in part thought of as method to kill oneself. Intent does not have to be 100%. If there is any intent/desire to die associated with the act, then it can be considered an actual suicide attempt. There does not have to be any injury or harm, just the potential for injury or harm. If a person pulls trigger while gun is in mouth but gun is broken so no injury results, this is considered an attempt. 行为的结果是:发生了潜在的自伤行为,而且至少产生过一些想死的念头。行为在某种程度上被认为是自杀的方式,意图不必是百分之百的。如果存在任何想死的意图或愿望并伴有行动,那么这种行为就可以被视作为一种实际的自杀尝试。不一定要有损伤或伤害,只需有造成损伤或伤害的潜在可能。如果某人将枪口放入口中后扣动扳机,但因枪是坏的而没有导致伤害,这也会被视为实际的自杀尝试。 Inferring Intent: Even if an individual denies intent/wish to die, it may be inferred clinically from the behavior or circumstances. For example, a highly lethal act that is clearly not an accident so no other intent but suicide can be inferred (e.g., gunshot to head, jumping from window of a high floor/story). Also, if someone denies intent to die, but they thought that what they did could be lethal, intent may be inferred. 推断的意图:即使个体否认想死的意图或愿望,也可以根据行为或具体情形进行临床推断。例如,如果一种非常致命的行为明显不是意外,那么就能推断出是自杀而不是其他意图(如枪击头部,从高楼层的窗户跳下等)。同样,如果某人否认有想死的意图,但如果此人知道其行为是致命的,那么这种意图也可被推断出。 Have you made a suicide attempt? 您做过自杀尝试吗? Have you done anything to harm yourself? 您做过伤害自己的事情吗? Have you done anything dangerous where you could have died? 您做过可能导致自己死亡的危险事情吗? What did you do? 您做了什么事情? Did you___as a way to end your life? 您曾将 __ 作为结束您生命的方式吗? Did you want to die (even a little) when you___? 当您 __ 时,您想过死(即使只有一点	Yes是 No否 ☐ ☐ Total # of Attempts 总的尝试次数 ______

（续表）

这样的想法)吗？ Were you trying to end your life when you___? 当您 __ 时,您曾试图结束自己的生命吗？ Or did you think it was possible you could have died from___? 或者您想过您可能会因 __ 而死吗？ Or did you do it purely for other reasons / without ANY intention of killing yourself (like to relieve stress, feel better, get sympathy, or get something else to happen)? (Self-Injurious Behavior without suicidal intent) 或者您这样做纯粹是因为其他原因、没有任何自杀的意图(如为了释放压力、感觉好些、获得同情,或者使其他的事情发生)吗？(没有自杀意图的自伤行为) If yes, describe: 如果是,请描述： Has subject engaged in Non-Suicidal Self-Injurious Behavior? 受试者有过非自杀性的自伤行为吗？	Yes是 No否 ☐ ☐
Interrupted Attempt: 被中断的尝试： When the person is interrupted (by an outside circumstance) from starting the potentially self-injurious act (if not for that, actual attempt would have occurred). 当某人开始潜在的自伤行为时被(某外界因素)中断(如果不是这个原因,就会发生实际的自杀尝试)。 Overdose: Person has pills in hand but is stopped from ingesting. Once they ingest any pills, this becomes an attempt rather than an interrupted attempt. Shooting: Person has gun pointed toward self, gun is taken away by someone else, or is somehow prevented from pulling trigger. Once they pull the trigger, even if the gun fails to fire, it is an attempt. Jumping: Person is poised to jump, is grabbed and taken down from ledge. Hanging: Person has noose around neck but has not yet started to hang - is stopped from doing so. 服药过量:某人手中有药片但被阻止而没有咽下。药片一旦被咽下,这就成为自杀尝试而不是被中断的自杀尝试。枪击:某人拿着枪对准自己,枪被其他人夺走或者不知道为什么没能扣动扳机。一旦此人扣动扳机,即使是枪哑火,这也是一种自杀尝试。跳楼:某人摆好姿势准备起跳,但被人抓住并被带离窗台。上吊:某人将绳索套在脖子上,但还未悬空就被阻止。 Has there been a time when you started to do something to end your life but someone or something stopped you before you actually did anything? 是否有一次当您开始做某事以便结束自己的生命时,但某人或某事在您真正开始前就阻止了您呢？ If yes, describe: 如果是,请描述：	Yes是 No否 ☐ ☐ Total # of interrupted 总的尝试次数 ______
Aborted Attempt: 放弃的尝试： When person begins to take steps toward making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior. Examples are similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by something else. 当某人开始采取措施尝试自杀时,但在实际实施自杀行为前就停止了自我毁灭的行为。这与被中断的尝试相似,不同的是这个人的自杀尝试是自己停止的,而不是被其他人阻止的。 Has there been a time when you started to do something to try to end your life but you stopped youself before you actually did anything? 是否有一次当您开始做某事试图结束自己的生命时,但在真正开始前您就停止了这样的行为呢？ If yes, describe: 如果是,请描述：	Yes是 No否 ☐ ☐ Total # of aborted 总的尝试次数 ______

（续表）

<table>
<tr><td colspan="4">Preparatory Acts or Behavior: 预备的行动或行为：
Acts or preparation towards imminently making a suicide attempt. This can include anything beyond a verbalization or thought, such as assembling a specific method (e.g., buying pills, purchasing a gun) or preparing for one's death by suicide (e.g., giving things away, writing a suicide note). 为即将进行的自杀尝试而采取的行动或准备，包括超出言语和思维范畴的任何事情。比如，制订具体的方法（如买药、买枪）或者为自杀做好准备（如把东西送人、写自杀遗言）。
Have you taken any steps towards making a suicide attempt or preparing to kill yourself (such as collecting pills, getting a gun, giving valuables away or writing a suicide note)? 您为自杀尝试或准备自杀采取了行动（比如，收集药品、获得枪支、将贵重物品送人或者写自杀遗言）吗？
If yes, describe: 如果是，请描述：</td><td>Yes是 No否
☐ ☐</td></tr>
<tr><td colspan="4">Suicidal Behavior: 自杀行为：
Suicidal behavior was present during the assessment period? 在评估期间发生了自杀行为吗？</td><td>Yes是 No否
☐ ☐</td></tr>
<tr><td colspan="2">Answer for Actual Attempts Only
只对实际自杀尝试作答</td><td>Most Recent Attempt
最近一次自杀尝试</td><td>Most Lethal Attempt
最致命的自杀尝试</td><td>Initial/First Attempt
最初/第一次自杀尝试</td></tr>
<tr><td>Actual Lethality/Medical Damage: 实际的致命性、身体损伤：
0. No physical damage or very minor physical damage (e.g., surface scratches). 没有身体损伤或很轻的身体损伤（如表皮擦伤）。
1. Minor physical damage (e.g., lethargic speech; first-degree burns; mild bleeding; sprains). 轻度身体损伤（如说话无精打采、一度烧伤、轻度出血、扭伤）。</td><td>Date
日期</td><td></td><td></td><td></td></tr>
<tr><td>2. Moderate physical damage; medical attention needed (e.g., conscious but sleepy, somewhat responsive; second-degree burns; bleeding of major vessel). 中度身体损伤；需要就医（如有意识但困乏、有些反应、二度烧伤、大血管出血）。
3. Moderately severe physical damage; medical hospitalization and likely intensive care required (e.g., comatose with reflexes intact; third-degree burns less than 20% of body; extensive blood loss but can recover; major fractures). 中重度身体损伤；需要住院治疗并可能接受重症监护（如处于昏睡状态但反射完好、不足身体面积</td><td>Enter
输入
编码
#</td><td></td><td></td><td></td></tr>
</table>

（续表）

20%的三度烧伤、大量失血但能恢复、严重骨折）。 4. Severe physical damage; medical hospitalization with intensive care required (e.g., comatose without reflexes; third-degree burns over 20% of body; extensive blood loss with unstable vital signs; major damage to a vital area). 重度身体损伤，需要住院治疗并接受重症监护（如处于昏睡状态并失去反射功能、超过身体面积20%的三度烧伤、大量失血，并且生命体征不稳定、要害部位的严重损伤）。 5. Death 死亡				
Potential Lethality: Only Answer if Actual Lethality=0 潜在的致命性：只有实际致命性=0时才回答 Likely lethality of actual attempt if no medical damage (the following examples, while having no actual medical damage, had potential for very serious lethality: put gun in mouth and pulled the trigger but gun fails to fire so no medical damage; laying on train tracks with oncoming train but pulled away before run over). 实际自杀尝试在未造成身体损伤时的可能致命性（以下例子虽然没有造成实际的身体损伤，但可能有非常严重的致命性：将枪口放入口中后扣动扳机，但因为枪哑火并未造成身体损伤；躺在即将有火车驶来的铁轨上，但在被火车碾过前被拉出铁轨）。 0 = Behavior not likely to result in injury 行为可能不会造成伤害 1 = Behavior likely to result in injury but not likely to cause death 行为可能造成伤害但不会导致死亡 2 = Behavior likely to result in death despite available medical care 尽管有医疗救护但行为仍可能导致死亡	Date 日期 Enter 输入编码 #			

附　　录

C-SSRS 评定说明

本量表主要用于评定患者的自杀意念严重程度，适用精神分裂症、抑郁症、双相障碍、焦虑障碍等精神疾病患者的临床研究。易操作、低负荷、用时少（平均几分钟）。同时评

估自杀行为和意念;独特地着眼于对自杀指标概括的需求。全面评估仅包括最必需的自杀特点(低负荷),如在一次全面评估中需要最基本的、有证据的条目。所包含的问题均为探索性的建议。确定是否有自杀意念最终应该根据临床判断。

结构简单:分 1~5 个等级的自杀意念(从希望死去到有具体计划和意图的主动自杀意念);4 个行为评估,只需很少的问题;提供具体的解释和问题来判断如何进行行为分类。

形式和使用方法:半结构面谈,形式灵活;所提供的问题仅是一种辅助工具——并不要求必须提问任何或所有的问题——只需提问足以得到适当的答案;最重要的是:收集足够的临床信息来判断某一事件是否符合定义标准,可称为正确的事;如果确定患者没有任何自杀行为和(或)意念,则不需要继续提问;询问自杀的问题不会造成患者的痛苦或自杀;大多数患者会否认所有的问题,访谈者可以进而推论所有的答案都为否,然而,访谈者需持续保持警觉性,即在整个会谈过程中都应持续进行自杀的评估。

知情者、信息来源:任何能够使您作出临床判断、得到最具临床意义回答的信息来源;受试者能够代表性地提供关于自杀意图和自杀想法的最好信息;如果临床上有其他信息:记录、配偶等,即可作出判断(如受试者不愿谈论事件/或者必须努力尝试,才肯讨论)。

自杀意念的"强度":他/她感觉最想自杀的时候(相对于一生中的平均感觉)的自杀意念和意念强度,如问"您一生中感觉最想自杀的时候您希望自己死去吗?想过真的自杀吗?"等。一旦明确了意念类型,下列问题进一步描述自杀意念最强烈的类型,即频率、持续时间、可控性、制止因素、自杀意念产生的原因(停止痛苦或者使某人生气——停止痛苦更糟糕);5 项个别项目,以严重度作为排列顺序,其中 1 分为最不严重,5 分为最严重;所有这些条目能有效预见自杀的完成 (在 SSI)/需要最少量的信息来追踪和评定严重性;对于自杀意念强度,以下情况时更危险:自杀想法更频繁、自杀想法持续时间更长、自杀想法更难控制、制止因素较少、自杀的原因是停止痛苦;需小心而仔细地针对命令性幻听或妄想进行自杀意念或行为的评估。

自杀尝试:行为的结果是发生了自伤行为,而且至少产生过某个想死的念头,即存在结束自己生命的意图。行为是"曾经";获取一生中所有发生过的(如总共自杀尝试的次数);不一定要有损伤或伤害,只需有造成损伤或伤害的潜在可能(如枪没有打响);任何想死的"非零"意图——不必是百分之百的;意图和行为必须是有联系的;意图有时可以根据其行为或具体情形进行临床推断,例如,如果某人否认想死的意图,但如果他知道其行为是致命的,那么这种意图也可被推断出,或问"或者您想过您可能会因 __ 而死吗?",可助推断自杀意念;"临床印象"情况:非常致命的行为,不可能是其他意图而只能推断出是自杀意图(如枪击头部,从高楼层的窗户跳下,自焚或者一次服下 200 粒药片等);一次自杀尝试从吞下第一片药丸或刀子划下第一刀开始;非自杀性自伤行为,即完全(100%)因为想结束自己的生命以外的其他原因进行的行为, 目的是为了影响以下任一情况,如内在状态(感觉好些、减缓痛苦等)——"自残",和(或)外在环境(得到同情、注意、使别人生气等)。

被中断的尝试——其他的一些自杀行为: 当某人开始采取措施结束自己生命时,有人或有事阻止了该行为,如手中有药瓶或枪,但有人夺走了,或站在楼顶准备跳楼。

放弃的尝试:当某人开始采取措施进行自杀尝试时,但在实际实施任何自我毁灭的

行为前就停止了，如43岁男性，打算在路上高速驶向特定的目的地，在半路上，他改变了主意然后回家了。

预备的行动或行为：任何其他具有自杀意向的行为（远远不仅是言语），如收集或购买药片、买枪、写遗嘱或自杀遗书。

自杀行为评估：发生了一件自伤行为，而且至少产生过一些想死的念头。无论在“自杀意念”这部分的回答如何，都必须个别询问“自杀行为”的问题，因为有行为却没有意念的情况仍会存在；不一定要造成损伤或伤害，只需有造成损伤或伤害的潜在可能性；任何想死的意念程度都适用，意念和行为必须有关联；有时候患者会否认自杀意念，则意念可根据行为或具体情形作出推断。例如，如果患者否认有想死的意图，但如果他（她）知道其行为是致命的，那么这种意图也可被推断出；如果一种非常致命的行为明显不是意外，那么就能推断是自杀而不是其他意图；若是不连续的行为，只选择一项，如写自杀遗书是实际尝试的一部分，不要再另行评估“预备的行为”（只标记为自杀尝试）；需描述所有潜在事件。

致命性（只用于自杀尝试）：评估在前一部分中描述的自杀尝试的致命性。本部分评估以下两部分：实际自杀尝试的致命性和实际发生的身体损伤。自杀尝试潜在的致命性，没有身体损伤，但可能造成损伤。当发现自杀尝试时，以下问题有助于判断自杀尝试的致命性，且对于实际尝试部分的“您做了什么事情”条目进行了补充：发生了什么事？有没有任何伤害或身体损伤？请描述一下，如果有伤口，那么需要包扎或绷带吗？流了一点点血还是很多血？需要就医吗？让患者描述所接受的治疗（如果有）及谁给予的治疗。让患者描述一下伤害或者让你看一下（如果可以，如前臂的伤口，颈部瘀伤）。这些信息在作事件陈述时也有帮助。

自由陈述时需要写些什么？若为现有的，自杀事件陈述时使用下列信息：自杀尝试陈述，发生了什么事？患者做了什么？在哪里？什么时间？具体使用的方法，如方式、药物剂量、用什么工具来割？这次尝试的动机是什么？为了结束生命、影响他人、结束痛苦？尝试的结果是什么？有什么医学处理？

备忘：自杀意念和自杀行为必须分开询问，只是否认自杀意念，这并不表示没有任何自杀行为，即使没有自杀意念，也需要询问自杀尝试。

C-SSRS减少了假阳性结果：当通过C-SSRS评估时，有些事件就不能称为自杀。

参考文献

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八、迟钝评估量表-医生版(AES-C)

迟钝评估量表-医生版[Apathy Evaluation Scale (Clinical Version, AES-C)]

Rate each item based on an interview of the subject. The interview should begin with a description of the subject's interests, activities and daily routine. Base your ratings on both verbal and non-verbal information. Ratings should be based on the past 4 weeks. For each item ratings should be judged. 根据与受试者的访谈进行各单项评分。访谈应从描述受试者的兴趣、活动和日常事务开始。根据语言和非语言的信息进行评分。评分是基于受试者过去4周的情况。每一单项都要判断评分。

Not at all 根本没有 Characteristic 表征	Slightly 有轻微的 Characteristic 表征	Somewhat 有一定的 Characteristic 表征	A lot 较多的 Characteristic 表征
1	2	3	4

	Item	
—	1. S/he is interested in things. 她(他)对事物感兴趣。	+ C Q*
—	2. S/he gets things done during the day. 她(他)在白天能完成事情。	+ B Q
—	3. Getting things started on his/her own is important to her/him. 能独立开始做事对他(她)很重要。	+ C SE
—	4. S/he is interested in having new experiences. 她(他)对新体验有兴趣。	+ C Q
—	5. S/he is interested in learning new things. 她(他)对学习新事物有兴趣。	+ C Q
—	6. S/he puts little effort into anything. 她(他)对任何事都很少努力。	– B
—	7. S/he approaches life with intensity. 她(他)充满活力投入生活。	+ E
—	8. Seeing a job through to the end is important to her/him. 将一件工作进行到底对她(他)而言很重要。	+ C SE
—	9. S/he spends time doing things that interest her/him. 她(他)花时间做她(他)感兴趣的事。	+ B
—	10. Someone has to tell her/him what to do each day. 必须每日有人告诉她(他)该做什么。	– B
—	11. S/he is less concerned about her/his problems than s/he should be 她(他)很少关心她(他)应该关心的问题。	– C
—	12. S/he has friends. 她(他)有朋友。	+ B Q
—	13. Getting together with friends is important to her/him.	+ C SE

和朋友们一起对她(他) 而言很重要。

— 14. When something good happens, s/he gets excited. + E
当好事发生时,她(他)会感到兴奋。

— 15. S/he has an accurate understanding of her/his problems. + O
她(他)能准确理解她(他)的问题。

— 16. Getting things done during the day is important to her/him. + C SE
在白天能完成事情对她(他) 而言很重要。

— 17. S/he has initiative. + O
她(他)有主动性。

— 18. S/he has motivation. + O
她(他)有动机。

*Note: Items that have positive versus negative syntax are identified by +/-. Type of item: C = cognitive; B = behavior, E = emotional; O = other. The definitions of self - evalution (SE) items and quantifiable items (Q) are discussed in the administrations guidelines (3). 注:正面和负面意义的单项分别由+/-表示。单项类型:C=认知;B=行为;E=情感;O=其他。自评(SE)和可量化(Q)项单项的定义在操作指南(3)中讨论。

附　录

AES-C 评定说明

本量表可用作成年和老年个体的全面评估迟钝工具。AES 有自评版、知情者版和医生版。AES-C 是由医生根据患者的自我报告进行评估。

迟钝意味着缺少动机。AES 通过评估目标指向性行为在外在行为、认知和情感层面的体现而得到动机或其反面——迟钝的结果。因此,AES 评估以下各项:目标指向性外在行为的减少,如工作效率下降,缺少努力和主动性;迟钝的认知表现,如缺乏兴趣,缺乏好奇心,不再重视自身年龄应有的目标或价值观(如健康、财产或他人的幸福);迟钝的情感表现,如情感平淡,情感上漠不关心以及情感反应变化无常。

包括 18 个条目,评分为 1~4 分共 4 级。分值越高,提示迟钝程度越高,即动机越少。需要对有正面意义(+)号的条目进行重新编码,即 1=4;2=3;3=2;4=1;3 个有负面意义(-)号的条目[#6, #10, #11]不需要重新编码。

根据识别以下三方面的变化来评估迟钝症状:可观测性(显著)行为、思维内容和情感反应。通过言语和非言语信息进行评估。

评估时注意事项如下:

1. 在安静的房间中进行。
2. 花几分钟介绍这张量表(和受试者建立友善的关系以获得令人满意的坦率回答)。
3. 结合表格向受试者介绍这张量表,并且对各个单项进行评分。
4. 只有当受试者似乎不能理解时才可以提示。
5. 先根据现在的兴趣和日常活动询问 2 个初步问题:①您对事物感兴趣吗?下面我将要问您一些关于您的想法、感觉和活动方面的问题。告诉我您现在有些什么兴趣。告诉我任何能让您感兴趣的事物。比如,爱好或工作;或您正在参与或想参与的活动;室内或

室外的兴趣；和别人一起的还是单独的；那些您或许无法去做但您仍然感兴趣的事，比如，游泳，即使冬天您还是愿意去；或者阅读，即使您的视力可能不够好。注明兴趣的数目、详细程度和情感因素。②现在我想听听您对日常活动。从您早晨醒来开始到您晚上睡觉为止。注明活动的数目、详细程度、活动对强度和持续时间及描述时的感情。

6. 询问4个由受试者根据自己的判断进行独立评分的自评(SE)条目[#3, #8, #13, #16](不需要考虑医生的评估因素)。事实上，SE条目是判断某一活动或目标对受试者的主观重要性的指标。实际上说，SE条目常能准确地发现个体存留的动机，即使该受试者看起来相当迟钝。因此，即使某人每日几乎或完全不做事，他仍可能有完整的目标或价值观，如确定和朋友们在一起"对我很(即较多的)重要"。

7. 除了SE条目，在面谈过程中，需要整合言语和非言语的信息评估余下每个条目。

8. 编码的重要性：

—根本没有表征(无、无例可循)

—有轻微的表征(微不足道的、可疑的、少量的。如"可能是的"、"是吧，有点吧"、"可能有一点")

—有一定的表征(中等的、明确的。如"是的"、"当然")

—较多的表征(大量的、强烈的，并且需要言语或非言语的信息证实其强度)

9. 可量化(Q)条目[#1, #2, #4, #4, #5, #12]通过计算受试者就某一特定条目举例的数量进行评估。(如朋友的数量)：

—根本没有表征(0个)

—有轻微的表征(1~2个)

—有一定的表征(2~3个)

—较多的表征(3个或更多)

10. 评估介于两种等级之间的回答需考虑如下因素：

—带感情色彩的言语和非言语的表现(如最初的表达，"是的，当然"和"确实如此"提示了更高的动机水平，这时可将这个条目分值打到4分)。

—回答的差异程度[如在评估条目1"是否对事物感兴趣"时，如果受试者只表述"阅读"(即1个例子)时评为轻微表征，但当受试者能够列举2~3个书籍或电视节目的名称时则评为有一定的表征。类似的，如果受试者"只对"阅读感兴趣但列举了多种读物名称，则根据所列举的读物数目评为有轻微表征、有一定的表征或者较多的表征。当受试者表示有多种兴趣如阅读或看电视时，则建议对每一项追问他们一次"能举些例子么？"]。

—当举例模棱两可时，评定倾向于更高级别的迟钝分值。

—如仍有疑虑，则询问受试者用"有一定的"或"较多的"表征描述哪个更合适？

11. 评估条目7和14的特别说明：使用非言语信息：

—有一定的表征(如果受试者确定这些话属实但没有带正面感情色彩的言语或非言语表现)。

—较多的表征(如果存在这样的表现)

—还要基于受试者在评估过程中的总体反应水平

12. 评估条目15的特别说明：

—评估受试者对自身个人问题或临床问题(如果有的话)的洞察力的充分程度

—根据受试者回答的恰当性和准确性进行评估

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第三节　焦虑症状量表

一、Covi焦虑量表(COVI)

Covi焦虑量表(COVI Anxiety Scale,COVI)

Rate each of the following according to the degrees of severity below: 根据以下各项的严重程度来评定:

Rate this question based on what the patient tells you regarding symptoms in the past 7 days. 这一项是根据患者讲述其过去 7d 的有关症状来评定。

1. Verbal report: Feels nervous, shaky, jittery, suddenly fearful or scared for no reason, tense, has to avoid certain situations, places, or things because of getting frightened, difficulty in concentrating. 口头叙述:神经绷紧、发抖、极度紧张、突然莫名的恐惧或害怕、不安,因害怕而须躲避某些情形、场所或物品,难以集中注意力。

□1	□2	□3	□4	□5
not at all	somewhat	moderately	considerably	very much
全无	有一点	中度	显著	非常显著

Rate this question based on your observations of the patient during the clinical interview. 这一项是根据在临床访谈中您对患者的观察来评定。

2. Behavior: Looks scared, shaking, apprehensive, restless, jittery. 行为表现:看上去很害怕,发抖、忧虑、坐立不安、极度紧张。

□1	□2	□3	□4	□5
not at all	somewhat	moderately	considerably	very much
全无	有一点	中度	显著	非常显著

Rate this question based on what the patient tells you regarding symptoms in the past 7 days. 这一项是根据患者讲述其过去 7d 的有关症状来评定。

3. Somatic symptoms of anxiety: Trembling, sweating, rapid heartbeat, breathlessness, hot or cold spells, restless sleep, discomfort in stomach, lump in throat, having to go to the bathroom frequently. 躯体性焦虑症状:颤抖、出汗、心跳加快、透不过气、忽冷忽热、睡眠不宁、胃部不适、喉咙哽住、频繁如厕。

□1	□2	□3	□4	□5
not at all	somewhat	moderately	considerably	very much
全无	有一点	中度	显著	非常显著

附　录

COVI 评定说明

本量表主要用于评定抑郁症或焦虑障碍患者的焦虑症状严重程度和疗效。

包括 3 个条目,评分为 1~5 分共 5 级。

关于口头叙述这一项,会谈时询问患者在过去 1 周的有关症状:症状频度(过去 1 周发生的总次数)、症状持续时间(平均每次发作时间)、严重度(如症状对功能的影响)。

关于行为表现这一项,参考时间是在会谈时。观察和评定下列症状:会谈时观察到的焦虑表现、会谈时焦虑表现的频度、持续时间(平均每个表现),及观察到的焦虑表现的严重度(包括对会谈的影响)。

关于躯体性焦虑症状这一项,会谈时询问患者在过去 1 周的有关症状:症状的频度(过去 1 周发生的总次数)、症状持续时间(平均每次发作时间)和严重度(如症状对功能的影响)。

一次访谈需花 5~10min 来完成。

参考文献

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二、汉密尔顿焦虑量表(HAM-A)

汉密尔顿焦虑量表(Hamilton Anxiety Rating Scale,HAM-A)

Below is a list of phrases that describe certain feeling that people have. Rate the patients by finding the answer which best describes the extent to which he/she has these conditions. Select one of the five responses for each of the fourteen questions. 以下是一系列描述人们感受的句子。通过患者的回答发现最适合其的情况程度的描述。对以下 14 个问题选择 5 种评分中的一种。

0=Not present 不存在,1=Mild 轻度,2= Moderate 中度,3= Severe 严重,4= Very severe 非常严重

1. Anxious mood 焦虑心境　　0 1 2 3 4

Worries, anticipation of the worst, fearful anticipation, irritability. 担心,预感到有最坏的事要发生,感到害怕,容易激惹。

2. Tension 紧张　　0 1 2 3 4

Feelings of tension, fatigability, startle response, moved to tears easily, trembling,

feelings of restlessness, inability to relax. 紧张感，易疲劳，惊跳反应，感动后易流泪，颤抖，感到不安，不能放松。

3. Fears　害怕　0　1　2　3　4

Of dark, of strangers, of being left alone, of animals, of traffic, of crowds. 害怕黑暗、陌生人、一人独处、动物、乘车、或人多的地方。

4. Insomnia　失眠　0　1　2　3　4

Difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking, dreams, nightmares, night terrors. 难于入睡、易醒、睡得不深和醒后感疲倦、多梦、做恶梦、夜惊。

5. Intellectual　认知功能　0　1　2　3　4

Difficulty in concentration, poor memory. 注意力不能集中，记忆力差。

6. Depressed mood　抑郁心境　0　1　2　3　4

Loss of interest, lack of pleasure in hobbies, depression, early waking, diurnal swing. 丧失兴趣，对以往爱好缺乏愉快感，抑郁、早醒、昼轻夜重。

7. Somatic (muscular)　肌肉症状　0　1　2　3　4

Pains and aches, twitching, stiffness, myoclonic jerks, grinding of teeth, unsteady voice, increased muscular tone. 肌肉酸痛、肌肉抽动、活动不灵活、肌阵挛性抽搐、磨牙、声音发抖、肌张力增加。

8. Somatic (sensory)　感觉症状　0　1　2　3　4

Tinnitus, blurring of vision, hot and cold flushes, feelings of weakness, pricking sensation. 耳鸣、视物模糊、发冷发热、软弱无力、刺痛感。

9. Cardiovascular symptoms　心血管症状　0　1　2　3　4

Tachycardia, palpitations, pain in chest, throbbing of vessels, fainting feelings, missing beat. 心动过速、心悸、胸痛、血管跳动感、昏倒感、心跳脱漏。

10. Respiratory symptoms　呼吸症状　0　1　2　3　4

Pressure or constriction in chest, choking feelings, sighing, dyspnea. 胸闷或紧缩感、窒息感、叹息、呼吸困难。

11. Gastrointestinal symptoms　胃肠道症状　0　1　2　3　4

Difficulty in swallowing, wind abdominal pain, burning sensations, abdominal fullness, nausea, vomiting, borborygmi, looseness of bowels, loss of weight, constipation. 吞咽困难、腹胀痛、烧灼感、腹胀、恶心、呕吐、肠鸣、腹泻、体重减轻、便秘。

12. Genitourinary symptoms　生殖泌尿症状　0　1　2　3　4

Frequency of micturition, urgency of micturition, amenorrhea, menorrhagia, development of frigidity, premature ejaculation, loss of libido, impotence. 尿频、尿急、闭经、月经量多、性冷淡、早泄、性欲减退、阳痿。

13. Autonomic symptoms　自主神经症状　0　1　2　3　4

Dry mouth, flushing, pallor, tendency to sweat, giddiness, tension headache, raising of hair. 口干、潮红、苍白、易出汗、眩晕、紧张性头痛、毛发竖起。

14. Behavior at interview　会谈时行为表现　0　1　2　3　4

Fidgeting, restlessness or pacing, tremor of hands, furrowed brow, strained face, sighing

or rapid respiration, facial pallor, swallowing, etc. 坐立不安、烦躁或踱步、手颤抖、皱眉、表情僵硬、叹息或呼吸急促、面色苍白、不时吞咽等。

15. 总分 □□

附　　录

HAM-A 评定说明

本量表主要用于评定抑郁症或焦虑障碍患者的焦虑症状严重程度和疗效。研究显示该量表具有较高的内部信度一致性，α 系数为 0.89，重测信度好，组内相关系数为 0.92。

评估期为本次面谈前 1 周。

包括 14 个条目，评分为 0~4 分共 5 级。无工作用的评分标准，一般可按以下要求评分：轻度，症状轻微；中度，有肯定症状，但不影响生活与活动；重度，症状重，需加处理，或已影响生活活动；极重度，症状极重，严重影响其生活。

强调受试者的主观体验：除第 14 项需结合观察外，所有项目均根据受试者的口头叙述进行评分。

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三、Zung焦虑自评量表(SAS)

Zung焦虑自评量表(Self-Rating Anxiety Scale，SAS)

请在各选项相应答案上打“√”

	没有或很少时间	小部分时间	相当多时间	绝大部分或全部时间	工作人员评定
1. 我觉得比平常容易紧张和着急	1	2	3	4	
2. 我无缘无故地感到害怕	1	2	3	4	
3. 我容易心里烦乱或觉得惊恐	1	2	3	4	
4. 我觉得我可能将要发疯	1	2	3	4	
5.* 我觉得一切都好，也不会发生什么不幸	4	3	2	1	
6. 我手脚发抖打颤	1	2	3	4	
7. 我因为头痛、头颈痛和背痛而苦恼	1	2	3	4	
8. 我感觉容易衰弱和疲乏	1	2	3	4	

（续表）

	没有或很少时间	小部分时间	相当多时间	绝大部分或全部时间	工作人员评定
9.* 我觉得心平气和,并且容易安静坐着	4	3	2	1	
10. 我觉得心跳得很快	1	2	3	4	
11. 我因为一阵阵头晕而苦恼	1	2	3	4	
12. 我有晕倒发作,或觉得要晕倒似的	1	2	3	4	
13.* 我吸气、呼气都感到很容易	4	3	2	1	
14. 我的手脚感到麻木和刺痛	1	2	3	4	
15. 我因为胃痛和消化不良而苦恼	1	2	3	4	
16. 我常常要小便	1	2	3	4	
17.* 我的手常常是干燥、温暖的	4	3	2	1	
18. 我脸红发热	1	2	3	4	
19.* 我容易入睡并且一夜睡得很好	4	3	2	1	
20. 我做恶梦	1	2	3	4	
合计					

* 反向评分题

附　　录

SAS评定说明

本量表为自评量表,主要用于评定焦虑障碍患者的主观感受和疗效。

评定时间为过去 1 周。

包括 20 个条目,评分为 1~4 分共 4 级。

评估时需提醒受试者注意理解反向评分的各题。

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四、医院焦虑抑郁量表(HADS)

医院焦虑抑郁量表(Hospital Anxiety Depression Scale,HADS)

医生们都知道情绪在大多数疾病中起着重要的作用。如果您的医生知道您的这些感觉,他将可能给您更多的帮助。

这个问卷的设计是用来帮助您的医生来了解您的感觉。不必注意印在左侧的数字。阅读每一项目并且选出过去1周最符合您的感觉的回答。不要花费太多的时间做出答案;您对每一条目的即刻反应要比您经过长时间思考的回答更准确。

对每一条问题仅给出一个答案

1. 您感到紧张或痛苦吗?(A)

   几乎所有时候 3 □
   大多数时候 2 □
   有时,偶尔 1 □
   根本没有 0 □

2. 我对以往感兴趣的事情还是有兴趣 (D)

   肯定一样 0 □
   不像以前那样喜欢了 1 □
   只有一点喜欢 2 □
   基本上没有了 3 □

3. 我感到有点害怕,好像预感到有什么可怕的事情要发生(A)

   非常肯定和十分严重 3 □
   是的,但并不太严重 2 □
   有一点,但并不使我苦恼 1 □
   根本没有 0 □

4. 我能够哈哈大笑,并看到事物有趣的一面(D)

   像平时一样 0 □
   现在不像以前那样了 1 □
   现在肯定不像以前了 2 □
   根本没有 3 □

5. 心里有忧虑的想法吗?(A)

   几乎所有时候 3 □
   大多数时候 2 □
   有时 1 □
   根本没有 0 □

6. 您感到快乐吗?(D)

   根本没有 3 □
   有时 2 □

大多数时候 1 □
几乎所有时候 0 □

7. 您能安静地坐着并感到放松吗?(A)
肯定 0 □
经常 1 □
不经常 2 □
根本不能 3 □

8. 您是否感到好像人变迟钝了?(D)
几乎所有时间 3 □
很经常 2 □
有时 1 □
完全没有 0 □

9. 是否感到一种令人发抖的恐惧?(A)
完全没有 0 □
偶尔 1 □
经常 2 □
非常经常 3 □

10. 是否对自己的外表已经失去兴趣?(D)
完全失去兴趣 3 □
不像应该那样在意了 2 □
我可能不十分在意自己的外表 1 □
像以往一样 0 □

11. 是否有点坐立不安,好像感到非要活动不可?(A)
非常明显,的确如此 3 □
明显 2 □
不明显 1 □
完全没有 0 □

12. 是否能怀着愉快的心情憧憬未来?(D)
像以往一样 0 □
比以往差一些 1 □
肯定不如以往了 2 □
几乎不能 3 □

13. 我突然感到恐慌?(A)
非常经常,的确如此 3 □
很经常 2 □
不很经常 1 □
完全没有 0 □

14. 您能很愉快地看一本好书,听广播或看电视节目吗?(D)
经常可以 0 □

有时可以 1 □
不经常可以 2 □
基本上不行 3 □

附　录

HADS评定说明

本量表为自评量表,主要用于抑郁症或焦虑障碍的筛查,也可用于评定患者的焦虑和抑郁症状严重程度和疗效。研究显示 HADS-A 的内部信度一致性好,α 系数为 0.68~0.93(平均 0.83),HADS-D 的内部信度一致性也较好,α 系数为 0.67~0.90(平均 0.82),这两个分量表的敏感性和特异性都在 0.80 左右。

包括 14 个条目, 其中 7 个条目评定抑郁,7 个条目评定焦虑; 共有 6 项反向提问条目,5 项在抑郁分量表,1 项在焦虑分量表。评分为 0~3 分共 4 级。

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第四节　躁狂症状量表

一、杨氏躁狂评定量表(YMRS)

杨氏躁狂评定量表(Young Mania Rating Scale,YMRS)

1. Elevated Mood 情感高涨

0: Absent 无

1: Mildly or possibly increased on questioning 询问时承认有轻度或可能的情感高涨

2: Definite subjective elevation: optimistic, self-confident, cheerful; appropriate to content 主观感到有肯定的情感高涨:乐观,自信,愉悦;与内容相称

3: Elevated, inappropriate to content; humorous 情感高涨,与内容不相称;幽默

4: Euphoric, inappropriate laughter; singing 欣快,不适当的发笑;唱歌

2. Increased Motor Activity-Energy 活动-精力增加

0: Absent 无

1: Subjectively increased 主观上增加

2: Animated; gestures increased 活跃;手势增加

3: Excessive energy; hyperactive at times; restless (can be calmed) 精力过剩;有时活动

过多;坐立不安(可以安静下来)

4: Motor excitement; continuous hyperactivity (cannot be calmed) 运动性兴奋;持续活动过多(无法安静下来)

3. Sexual Interest 性兴趣

0: Normal; not increased 正常;未增加

1: Mildly or possibly increased 轻度或可能增加

2: Definite subjective increase on questioning 询问时承认主观上肯定有性兴趣增加

3: Spontaneous sexual content; elaborates on sexual matters; hypersexual by self-report 自发谈及性内容;详细描述涉性事情;自述性欲增强

4: Overt sexual acts (toward subjects, staff, or interviewer) 明显的性举动(指对患者、工作人员或检查者)

4. Sleep 睡眠

0: Reports no decrease in sleep 睡眠没有减少

1: Sleeping less than normal amount by up to one hour 睡眠比平时减少≤1h

2: Sleeping less than normal by more than one hour 睡眠比平时减少 1h 以上

3: Reports decreased need for sleep 自述睡眠需要减少

4: Denies need for sleep 否认需要睡眠

5. Irritability 易激惹

0: Absent 无

1

2: Subjectively increased 主观上感到易激惹

3

4: Irritable at times during interview; recent episodes of anger or annoyance on ward 会谈中时有易激惹;最近在病房里有愤怒或烦恼发作

5

6: Frequently irritable during interview; short, curt throughout 会谈中经常易激惹;自始至终回答简短、生硬

7

8: Hostile, uncooperative; interview impossible 敌意,不合作;无法交谈

6. Speech (Rate and Amount) 言语(速度与数量)

0: No increase 未增加

1

2: Feels talkative 感觉话多

3

4: Increased rate or amount at times; verbose at times 时有语速或语量增加;时有啰嗦

5

6: Push; consistently increased rate and amount, difficult to interrupt 紧迫状;语速和语量持续增加,难以打断

7

8: Pressured; uninterruptable, continuous speech 说话急迫;无法打断,说个不停

7. Language-Thought Disorder 语言–思维形式障碍

0: Absent 无

1: Circumstantial; mild distractibility; quick thoughts 赘述;轻度分散;思维敏捷

2: Distractible; loses goal of thought; changes topics frequently; racing thoughts 分散;失去思维的目标;经常改变话题;思维加速

3: Flight of ideas; tangentiality; difficult to follow; rhyming; echolalia 思想奔逸;离题;难以跟上其思路;音联,模仿言语

4: Incoherent; communication impossible 语无伦次;无法交流

8. Content 思维内容

0: Normal 正常

1

2: Questionable plans, new interests 可疑的设想,新的兴趣

3

4: Special project(s); hyperreligious 特殊的计划;超宗教的内容

5

6: Grandiose or paranoid ideas; ideas of reference 夸大或偏执观念;援引观念

7

8: Delusions; hallucinations 妄想;幻觉

9. Disruptive-Aggressive Behaviour 破坏–攻击行为

0: Absent, cooperative 无,合作

1

2: Sarcastic; loud at times, guarded 好讥讽;时有提高嗓门,戒备

3

4: Demanding; threats on ward 要求多;在病房里威胁别人

5

6: Threatens interviewer; shouting; interview difficult 威胁检查者;大声喊叫;交谈困难

7

8: Assaultive; destructive; interview impossible 攻击;破坏;无法交谈

10. Appearance 外表

0: Appropriate dress and grooming 穿戴修饰得体

1: Minimally unkempt 轻度邋遢

2: Poorly groomed; moderately dishevelled; overdressed 修饰不佳;中度零乱;过分修饰

3: Dishevelled; partly clothed; garish make-up 蓬乱;衣着不整;过分的化妆

4: Completely unkempt; decorated; bizarre garb 极度邋遢;过分佩戴饰品;奇异的装束

11. Insight 自知力

0: Present; admits illness; agrees with need for treatment 存在;承认有病;同意需要治疗

1: Possibly ill 承认可能有病

2: Admits behaviour change, but denies illness 承认行为有所改变,但否认有病

3: Admits possible change in behaviour, but denies illness 承认可能有行为改变,但否认有病

4: Denies any behaviour change 否认有任何行为改变

附 录

YMRS 评定说明

本量表主要用于评估与急性躁狂有关的症状的严重程度。YMRS 条目是用来评估躁狂“状态”而非“特点”,因为所有条目会随着有效的治疗而变化。该量表英文原版的早期研究显示,总分的组内相关系数为 0.93,各个条目的组内相关系数为 0.66~0.92。近年来,其他国家的相关研究也有相似结论,如德国版的内部信度一致性较好,α 系数 0.74,所有条目的组内相关系数为 0.79~0.97。

访谈时间窗为过去 1 周(7d)里出现的症状和行为,或为如果不到 1 周之前的最后一次访谈以来。

包括 11 项条目,有 5 项被定义的评分标准,评分随着描述每一条目症状特点的严重程度而递增。有 7 项条目评分为 0~4 分:1. Elevated Mood 情感高涨、2. Increased Motor Activity-Energy 活动-精力增加、3. Sexual Interest 性兴趣、4. Sleep 睡眠、7. Language- Thought Disorder 语言-思维形式障碍、10. Appearance 外表、11. Insight 自知力。有 4 项允许在评分标准之间评分(0~8 分):5. Irritability 易激惹、6. Speech (Rate and Amount) 言语(速度与数量)、8. Content 思维内容、9. Disruptive-Aggressive Behaviour 破坏-攻击行为。最高分为 60 分。

一次访谈需要 15~30min。

评估时的注意事项:

1. “0 分”意味着完全没有症状,“1 分”意味着可能有,评分范围的两极(0~4 分或 8 分)应在恰当时选用。

2. 如果表现为以下两种情况之一,则评定该项为异常:表现异于受试者“正常”情况,即使该表现是在一般人群的常模范围内,如受试者正常睡眠为 10h,而现在睡眠为 8h;所报告的表现与受试者“正常”情况无异,但该表现明显在一般人群的正常范围之外,如受试者自诉有生以来睡眠情况是每晚只有 3h。

3. 如果评分员 100%肯定受试者表现与躁狂症无关,则不用评定它,如受试者整晚在朋友家度过;朋友的孩子们因兴奋于 5:00 a.m.在床上蹦跳,并把受试者吵醒。或者,受试

者整个星期都睡得很好。不要因受试者被孩子们打断睡眠而出现本次单次的早醒症状而评分；如果评分员非100%肯定受试者表现与躁狂症无关，则评定该表现。

4. 条目评分

（1）6. 言语（速度与数量）：言语急迫：言语量增加，语速加快，不可能被打断，且通常语声响亮有力。

（2）7. 语言–思维形式障碍：思维加速，为躁狂症的症状，即患者的意念快速变换以致于不能集中在任一特定的意念上；思想奔逸，言语由几近连续出现的已加速的思维组成，从一个话题突然转向另一个话题，无主题，或在因偶然相关而产生的思维之间有联系、语词联系、语音联系、易分心的刺激或文字游戏，或严重时，言语可能是杂乱无章的和不连贯的；离题，无法做到思维联想有目的指向性；讲话时从要讲的内容开始却从未达到要讲的目的，或回答问题时采用偏题的或不着边际的方式，从未实实在在地回答问题；模仿言语，主动模仿另一个人的讲话，或对另一个人刚刚讲过的词或词组进行病理心理学上的重复（回声），或对刚听到过的词或片段言语进行鹦鹉学舌般的重复。

（3）8. Content 思维内容：思维夸大，吹嘘自己的价值、权力、知识、重要性或身份，或描述言过其实的优越感，或最严重时，夸大可能具有妄想成分；夸大妄想，妄想内容为自我膨胀的价值感、权势、知识、身份或与神仙或名人的特殊关系；援引观念，毫无根据地相信物品、事件或人具有个人意义，或对偶发事件和外部事件错误地解释为是直接指向自身，或一个人时可能认为他正在看的电视节目是在跟他说话或在谈论他；可达到足够的强度构成妄想。

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二、Bech-Rafaelsen 躁狂评定量表(BRMS)

Bech-Rafaelsen躁狂评定量表（Bech-Rafaelsen Mania Rating Scale，BRMS）

LIST OF DEFINITIONS 定义列表

1. ACTIVITY (MOTOR) 活动（动作）

0 - Normal motor activity, adequate facial expression. 正常的动作活动，恰当的面部表情。

1 - Slightly increased motor activity, lively facial expression. 动作活动稍多，面部表情活跃。

2 - Somewhat excessive motor activity, lively gestures. 动作活动有些过多，姿态活跃。

3 - Outright excessive motor activity, on the move most of the time. Rises one or several times during interview. 动作活动明显过多，大多数时间在活动。访谈中曾起立1次或几次。

4 - Constantly active, restlessly energetic. Even it urged, patient cannot sit still. 始终在活动，不停地显得精力充沛。甚至被劝说下，患者仍不能安静坐着。

2. ACTIVITY (VERBAL) 活动(言语)

0 - Normal verbal activity. 正常言语活动。

1 - Somewhat talkative. 有些话多。

2 - Very talkative, no spontaneous intervals in the conversation. 话非常多，在谈话中没有自发的间歇。

3 - Difficult to interrupt. 难以打断。

4 - Impossible to interrupt, completely dominates conversation. 无法打断，完全主导谈话。

3. FLIGHT OF THOUGHTS 意念飘忽

0 - Cohesive speech, no flight of thoughts. 言语连贯，无意念飘忽。

1 - Lively descriptions, explanations and elaborations without losing connection with the topic of conversation. The speech is still cohesive. 描述、解释和详述生动，与谈话主题没有失去联系。言语仍然连贯。

2 - Now and again it is difficult for the patient to stick to the topic, as the patient is distracted by random associations (often rhymes, clangs, puns, pieces of verse or music). 患者时而显得难以围绕主题，因为他会被任意的联想所分心(常常是同韵、音连意联、双关语、几句诗或几段音乐)。

3 - The fine of thought is regularly disrupted by diversionary associations. 思维的精确性经常被转移注意力的联想所打断。

4 - It is difficult or impossible to follow the patient's line of thought, as the patient constantly jumps from one topic subject to another. 要跟上患者的思路是很难的或不可能的，因为患者不停地从一个主题跳到另一个。

4. VOICE/NOISE LEVEL 声音响度或吵闹程度

0 - Natural volume of voice. 自然音量。

1 - Speaks loudly without being noisy. 讲话声高，无吵闹。

2 - Voice discernible at a distance, and somewhat noisy. 隔开一段距离仍能听到声音，且有些吵闹。

3 - Vociferous, voice discernible at a long distance, is noisy, singing. 叫喊声，隔开很长一段距离仍能听到，较吵闹，夹带歌声。

4 - Shouting, screaming, or using other sources of noise due to hoarseness. 喊叫、尖叫或因嗓音嘶哑而弄出其他吵闹声。

5. HOSTILITY/DESTRUCTIVENESS 敌意/破坏行为

0 - No signs of impatience or hostility. 无不耐烦或敌意的迹象。

1 - Somewhat impatient or irritable, but control is maintained. 有些不耐烦或易激惹，但尚可保持控制。

2 - Markedly impatient or irritable. Provocation badly tolerated. 明显不耐烦或易激惹。对挑衅忍受力差。

3 - Provocative, makes threats, but can be calmed down. 有挑衅性行为，具威胁性，但

能被安抚。

4 - Overt physical violence. Physically destructive. 明显的身体上的暴力行为。身体上的破坏性行为。

6. MOOD (FEELINGS OF WELL-BEING) 情绪(幸福感)

0 - Neutral mood. 情绪中等。

1 - Slightly elevated mood, optimistic, but still adapted to situation. 轻度情绪高涨,乐观,但仍能适应环境。

2 - Moderately elevated mood, joking, laughing. 中度情绪高涨,爱开玩笑,易笑。

3 - Markedly elevated mood, exuberant both in manner and speech. 明显情绪高涨,态度和言语都显得浮夸

4 - Extremely elevated mood, quite irrelevant to situation. 极度情绪高涨,与环境毫不相干。

7. SELF-ESTEEM 自我评价高

0 - Normal self-esteem. 正常的自我评价。

1 - Slightly increased self-esteem, slightly boasting. 轻度的自我评价增高,轻度自诩。

2 - Moderately increased self-esteem, boasting; frequent use of superlatives. 中度的自我评价增高,自诩;经常使用最高级形式。

3 - Bragging, unrealistic ideas. 不合实际的夸大观念。

4 - Grandiose ideas which cannot be corrected. 无法纠正的夸大观念。

8. CONTACT 接触

0 - Normal contact. 正常接触。

1 - Slightly meddling, putting his oar in. 轻度爱管闲事,指手画脚。

2 - Moderately meddling and arguing. 中度爱管闲事,且好争辩。

3 - Dominating, arranging, directing, but still in context with the setting. 爱支配、安排、指挥他人,但仍与环境相协调。

4 - Extremely dominating and manipulating, without context with the setting. 控制欲极强且极爱摆布,与环境不协调。

9. SLEEP(AVERAGE OF LAST 3 NIGHTS) 睡眠(最近 3 晚平均)

0 - Habitual duration of sleep. 习惯的睡眠时间。

1 - Duration of sleep reduced by 25%. 睡眠时间减少 25%。

2 - Duration of sleep reduced by 50%. 睡眠时间减少 50%。

3 - Duration of sleep reduced by 75%. 睡眠时间减少 75%。

4 - No sleep. 整夜不眠。

10. SEXUAL INTEREST 性兴趣

0 - Habitual sexual interest and activity. 习惯的性兴趣和性活动。

1 - Slight increase in sexual interest and activity. 性兴趣和性活动轻度增加。

2 - Moderate increase in sexual interest and activity. 性兴趣和性活动中度增加。

3 - Marked increase in sexual interest and activity, as shown in manner and speech. 性兴趣和性活动显著增加,如同在态度和言语上的表现。

4 - Completely and inadequately occupied by sexuality. 完全且不恰当地专注于性行为。

11. WORK 工作

A. At first rating of the patient 患者的初次评定

0 - Normal work activity. 正常工作活动。

1 - Slightly increased drive, but work quality is slightly reduced, as motivation is changing, and the patient somewhat distractible. 驱动力略增加，但工作质量略有下降，同时兴趣正改变，且患者有些容易分心。

2 - Increased drive, but motivation clearly fluctuating. The patient has difficulties in judging own work quality and the quality is indeed lowered. Often quarrels at work. 驱动力增加，但兴趣明显波动。患者很难判断自己的工作质量，而质量的确是下降了。工作时经常发生争吵。

3 - Work capacity clearly reduced, and from time to time the patient loses control; has to stop work and be sick-listed. If the patient is hospitalized, he can participate for some hours per day in ward activities. 工作能力明显下降，且患者不时失去控制；不得不停止工作，上了患者名单。如果患者已住院，他每日尚能参加病房活动数小时。

4 - The patient is (or ought to be) hospitalized and unable to participate in ward activities. 患者已(或应该)住院，且不能参加病房活动。

B. At weekly ratings 再次周评

0 - a) The patient has resumed work at his/her normal activity level. 患者恢复到他(或她)的正常工作状态。

b) When the patient will have no trouble in resuming normal work. 当患者恢复正常工作无困难时。

1 - a) The patient is working, but the effort is somewhat reduced due to changing motivation. 患者在工作，但因为兴趣的改变而使其工作的努力程度有些下降。

b) It is doubtful whether the patient can resume normal work on a full scale due to distractibility and changing motivation. 因为分心和兴趣改变，值得怀疑患者能否全面恢复正常工作。

2 - a) The patient is working, but at a clearly reduced level (e.g., due to episodes of nonattendance). 患者在工作，但状态明显下降(如因为发生不来上班)。

b) The patient is still hospitalized or sick-listed. He is only able to resume work if special precautions are taken; close supervision and/or reduced time. 患者仍在住院中或在患者名单上。若采取了特定的预防措施，他才能恢复工作；需要密切的监管和(或)减少工作时间。

3 - The patient is still hospitalized or sick-listed and is unable to resume work. In hospital, he participates for some hours per day in ward activities. 患者仍在住院中或在患者名单上，无法恢复工作。在医院里，他每日参加病房活动数小时。

4 - The patient is still fully hospitalized and generally unable to participate in ward activities. 患者仍全日住院，且一般不能参加病房活动。

附　　录

BRMS评定说明

Bech-Rafaelsen 躁狂量表主要用于评定躁狂症及躁狂状态患者的病情严重程度和疗效。

包括 11 个条目,评分为 0~4 分共 5 级。敌意/破坏行为(5)、接触(8)、睡眠(9)、性兴趣(10)和工作(11)需向家属或病房工作人员询问,以获取完整信息。睡眠(9)的评定,以过去 3d 的平均睡眠时间计。

一次访谈评定需 20min 左右的时间。

参 考 文 献

Bech P, Bolwig TG, Kramp P, et al. The Bech-Rafaelsen Mania Scale and the Hamilton Depression Scale. Acta Psychiatr Scand, 1979, 59(4): 420-425.

第五节　冲动症状量表

修改版外显攻击行为量表(MOAS)

修改版外显攻击行为量表(Modified Overt Aggression Scale, MOAS)

指导语:从下列每一类攻击行为中,选择一个最适合的评分,该评分能准确地描述特定观察周期内患者最严重的攻击行为。

一、言语攻击:言语敌对,即用平时讲话或辱骂的方式,试图通过贬低某人的话或脏话来使人遭受心理伤害,或者是体力袭击的威胁。

0: 无言语攻击

1: 愤怒地喊叫,适度的咒骂或人格侮辱

2: 恶毒的咒骂,带有严重的侮辱性,可以有情绪的爆发

3: 对他人或自己的带一时冲动性质的暴力威胁

4: 对他人或自己反复的或蓄意的暴力威胁(如要抢钱或发生性关系)

二、对财产的攻击:盲目地或不顾后果地毁坏病房的设备或他人的财物。

0: 无对财产的攻击

1: 愤怒地冲门、撕衣物、在地板上小便

2: 摔东西、踢家具、毁损墙壁

3: 击打房间内的东西、打碎玻璃

4: 放火、危险地扔东西(如将贵重或易碎品扔出窗外,或砸碎之)

三、自身攻击:对自己的体力伤害,如自残或自杀企图。

0: 无自身攻击

1: 挖或抓皮肤、拔头发、击打自己(未造成损伤)

2: 撞头、用拳击墙、自己跌倒于地上

3: 使自身遭受轻度的切割伤、烫伤、烧伤或殴打伤

4: 使自身遭受重伤或企图自杀
四、体力攻击:故意的暴力行为致人疼痛、身体损伤或死亡。
0: 无体力攻击
1: 作出恐吓的姿态,对人挥拳、抓住别人的衣服
2: 拳击、踢、推、抓他人或抓住别人的头发(未造成损伤)
3: 袭击他人,造成轻度损伤(水疱、扭伤、皮肤伤痕等)
4: 袭击他人,造成严重损伤(骨折、牙齿脱落、深度刀伤、意识丧失等)
五、总评:

量表	量表分	加权分
言语攻击		×1=
对财产的攻击		×2=
自身攻击		×3=
体力攻击		×4=
总加权分		

附　　录

MOAS评定说明

本量表主要用于评定精神分裂症患者的冲动症状严重程度和疗效。研究显示该量表的内部信度一致性很好,α 系数可达 0.9。

包括 4 个条目,评分为 0~4 分共 5 级。

参 考 文 献

Kay SR, Wolkenfeld F, Murrill LM. Profiles of aggression among psychiatric patients. I. Nature and prevalence. J Nerv Ment Dis, 1988, 176(9): 539-546.

第六节　强迫症状量表

Yale-Brown强迫量表(Y-BOCS)

Yale-Brown强迫量表(The Yale-Brown Obsessive Compulsive Scale,Y-BOCS)

患者是否是强迫症患者或具有强迫症状:是=1;　否=2
如果是请给患者进行评估。
评分标准:(0)为无症状;(1)轻;(2)中等;(3)重;(4)极重。

圈出最适合患者情况的分数					
强迫思维分量表					
1. 花在强迫思维上的时间	0	1	2	3	4
2. 社交或工作能力受强迫思维影响的程度	0	1	2	3	4
3. 强迫思维所致痛苦烦恼程度	0	1	2	3	4
4. 对强迫思维的抵制	0	1	2	3	4
5. 控制强迫思维的程度	0	1	2	3	4
强迫动作分量表					
6. 花在强迫动作上的时间	0	1	2	3	4
7. 受强迫动作干扰的程度	0	1	2	3	4
8. 强迫动作所致痛苦烦恼程度	0	1	2	3	4
9. 对强迫动作的抵制	0	1	2	3	4
10. 控制强迫动作的程度	0	1	2	3	4
强迫思维总得分(1~5项)	□ □				
强迫动作总得分(6~10项)	□ □				
Y-BOCS总分	□ □				

附　　录

Y-BOCS 评定说明

本量表主要用于评定强迫症患者的强迫症状严重程度和疗效。研究显示该量表的内部信度一致性好,α 系数为 0.83。

包括 10 个条目,评分为 0~4 分共 5 级。

条目 4 和 9 的评分:0 分指主观上对症状完全抵制,4 分指主观上对症状放弃抵制。条目 5 和 10 的评分:0 分指对症状可完全控制,4 分指对症状完全不能控制。

参 考 文 献

Goodman WK, Price LH, Rasmussen SA, et al. The Yale-Brown Obsessive Compulsive Scale. I. Development, use, and reliability. Archives of General Psychiatry, 1989a, 46(11): 1006-1011.

第七节　痴呆症状量表

一、Hachinski 缺血指数量表(HIS)

Hachinski缺血指数量表(Hachinski Ischemic Score，HIS)

项目	记分		项目	记分	
	是	否		是	否
1. 急性起病	2 □	0 □	8. 情感失禁	1 □	0 □
2. 阶梯式恶化	1 □	0 □	9. 有高血压病史	1 □	0 □
3. 波动性病程	2 □	0 □	10. 有卒中病史	2 □	0 □
4. 夜间意识模糊	1 □	0 □	11. 伴有动脉硬化	1 □	0 □
5. 人格相对保持完整	1 □	0 □	12. 神经系统局灶性症状	2 □	0 □
6. 情绪低落	1 □	0 □	13. 神经系统局灶性体征	2 □	0 □
7. 躯体性不适的主诉	1 □	0 □			
HIS指数总分合计：□□					

附　　录

HIS评定说明

本量表仅用于血管性痴呆和阿尔茨海默病的鉴别诊断，且须在痴呆诊断确认后方可进行。

包括13个条目，评分为0~1或2分共2级。总分≤4分，提示阿尔茨海默病；总分≥7分，提示血管性痴呆。

评定依据为病史、体检和精神检查结果。

评定时有如下注意事项：

1. 条目2指病情或痴呆发生后，病情停留在某一水平，而后病情又加重，接着又停留在此水平。

2. 条目3指病情好转后又恶化。

3. 条目7指患者有任何躯体不适的诉述，如头痛、耳鸣、眩晕等。

4. 条目8指控制情感的能力减弱，而表现为好哭、好笑、易怒等，但每种感情持续时间很短。

5. 条目10包括短暂性脑缺血发作。

6. 条目11主要指冠状动脉、肾功能、眼底动脉的硬化，有心电图、眼底检查或脑血流图检查的证据等。

7. 条目12指提示定位性的神经系统症状。

8. 条目13指提示定位性的神经系统体征。

参 考 文 献

1. Hachinski VC, Lassen NA, Marshall J. Multi-infarct dementia: a cause of mental deterioration in the elderly. Lancet, 1974, 2: 207-210.
2. 张明园. 精神科评定量表手册. 长沙:湖南科学技术出版社, 1993: 192-193.

二、简易精神状态检查表(MMSE)

简易精神状态检查表(Mini-Mental State Examination, MMSE)

检查项目	分值
1. 今年是哪一年?	1□　0□
现在是什么季节?	1□　0□
现在是几月份?	1□　0□
今天是几号?	1□　0□
今天是星期几?	1□　0□
2. 咱们现在是在哪个城市?	1□　0□
咱们现在是在哪个区?	1□　0□
咱们现在是在什么街?	1□　0□
现在是在哪个医院?	1□　0□
这里是第几层楼?	1□　0□
3. 我告诉您3种东西,我说完后,请您重复一遍。树,钟,汽车	3□　2□　1□　0□
4. 100 - 7=? 连续5次	5□　4□　3□　2□　1□
5. 现在请您说出我刚才让您记住的那些东西(树,钟,汽车)	3□　2□　1□　0□
6. (出示手表)这个东西叫什么?	1□　0□
7. (出示钢笔)这个东西叫什么?	1□　0□
8. 请您跟我说“大家齐心协力拉紧绳”	1□　0□
9. 我给您一张纸,请按我说的去做,现在开始“用右手拿着这张纸,用两只手把它对折起来,放在左腿上”。	3□　2□　1□　0□
10. 请您念念这句话,并按上面的意思去做闭上您的眼睛	1□　0□
11. 请写一个完整的句子	1□　0□

（续表）

检查项目	分值
12.（出示图案）请您照着这个样子画下来	1□　　　0□
合　　计	□□分

附　　录

MMSE评定说明

本量表是应用最广泛的痴呆筛查工具。其评分结果较受年龄和受教育程度的影响。

包括12个条目：条目1检查时间定向，条目2检查地点定向，条目3检查即刻记忆，条目4检查注意和计算，条目5检查短程记忆，条目6、7检查物体命名，条目8检查语言复述，条目9检查语言理解，条目10检查阅读理解，条目11检查语言表达，条目12检查图形描画。

评分多为0~1分共2级，有的条目为0~3分共4级，个别条目为1~5分5级。记分方法：回答或操作正确记“1”，错误记“5”，拒绝记“9”，说“不会”记“7”。

评定时有如下注意事项：

1. 条目3只允许主试者讲一遍，不要求被试者按物品次序回答。如第一遍有错误，先记分，然后告诉被试者错在哪里，并再请他回忆，直至正确，但最多只能“学习”5次。
2. 条目4为临床常用，因同时查被试者注意力，故不要重复被试者的答案，不得用笔算。
3. 条目9的操作要求次序准确。
4. 要向被试者直接询问，注意不让其受人干扰。

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1. Folstein MF, Folstein SE, McHugh PR. “Mini-mental state”. A practical method for grading the cognitive state of patients for the clinician. J Psychiat Res, 1975,12（3）: 189-198.
2. 张明园. 精神科评定量表手册. 长沙：湖南科学技术出版社, 1993: 186-189.

三、阿尔茨海默病评定量表（ADAS-cog）

阿尔茨海默病评定量表（The Alzheimer's Disease Assessment Scale–Cognitive, ADAS-cog）

1. 单词回忆任务（Word Recall Task）

用品：单词卡

方法：

让被试学习10个名词,然后,要求其努力尽可能多地回忆单词。再重复2次。评分为3次测验中未回忆起来的单词的平均数(最高分10分)。

学习:

评分员:“现在我要给您看一些卡片上的单词。请您大声说出这些单词,并努力记住这些单词,因为一会儿我会问您记住了多少我刚给您看过的这些单词。”

给被试看卡片上的10个单词,每个单词2s。

如果被试读的不对,评分员说:“请您再仔细读一遍。”

如果被试读的还不对,评分员读一遍卡片上的单词给被试,然后说:“请您再重复读一遍这个单词,然后记住它。”

回忆试验:在阅读后立即进行

评分员:“请您尽可能多地回忆刚才读过的单词,不必按顺序。”

如果被试回忆不出来,10s后提问:“还能再记起其他单词吗?”

如果被试还不能回忆出来,10s后结束测试。

共进行3次学习和回忆试验。

评分标准:单词回忆任务

评分为3次测试中未回忆起来的单词数的平均数(最高分=10分)。

注:若被试不认识所示单词,评分员应念出该词,并由被试重复,要求其集中注意力尽可能记住这些单词。每次10个单词都念完之后,请被试回忆他/她念过的单词,每个单词仅念一遍。

2. 命名物体或手指(Naming Object and Fingers)

用品:实物

方法:要求被试命名12件实物及其手指,即拇指、小手指、示指、中指和环指。评分员给被试看需要命名的物品,每件物品的第一个问题应该是:“这叫什么?”,或“这件东西的名称是什么?”。如果被试没有回答(停顿了10s),那么,测试者应该提供该物品的线索,提示内容如下。如果被试仍未回答,或回答错误,则继续下一件物品(允许被试进行20s思考),不要告诉被试正确的名称以免被试的学习效应。若被试的答案被其所处文化背景所接受,则应评定为正确。

评分员:给被试看需要命名的实物,说:“请说出我给您看的东西叫什么名字。”

如果被试说出的名字不正确,不要告诉被试正确的名称以免被试的学习效应。如果被试无反应(停顿了10s),可以按下面所列给出提示。如果被试在给出提示后仍无反应或回答错误,则继续下一个物体(允许被试进行20s思考)。物品及提示线索如下。

物体	提示
花(假花)	“长在花园里的”
沙发(玩具中的家具)	“用于坐的”
哨子	“吹的时候能发出声音”
铅笔	“用来写字的“
毽子	“小朋友踢的玩具“
假面具	“挡脸的”

剪刀	“可以把纸分开的”
梳子	“用在头发上的”
钱夹	“装钞票的”
口琴	“一种乐器”
听诊器	“医生用来检查您心脏的”
钳子	“用来拿食物的”

手指

问被试是左撇子还是右撇子。如果是右撇子，说：“请您把右手放在桌上，并说出各手指的名称。”

从拇指开始按顺序指点患者的手指，问：“这是哪一个手指？”

在回答手指名称时，同义词被视为正确答案。但如果患者只说第几个手指，而没有说出手指的名称，则让患者说出具体的名称，只说数字被视为错误答案。

评分标准：命名物体或手指

0=0~2 件物品命名不正确

1=3~5 件物品命名不正确

2=6~8 件物品命名不正确

3=9~11 件物品命名不正确

4=12~14 件物品命名不正确

5=15~17 件物品命名不正确

3. 指令（Commands）

用品：铅笔、手表和卡片

方法：评定感受性言语。要求被试执行 1~5 步指令。每一指令只读一次。如果患者没有回答，或回答错误，则评分员应该把整个指令再说一遍，然后继续下一项指令。所有指令都应该对每位被试进行测试。

（1）指令 1：“握拳”

（2）指令 2：“指天花板，然后指向地面”

（3）指令 3：“将铅笔放在卡片的上面，然后将其放回去”

（4）指令 4：“把手表放在铅笔的另一边，然后把卡片翻过来”

（5）指令 5：“用一只手的两个手指在每一边肩膀上各拍两下，同时要一直闭着眼睛”

说明：每一个下划线部分都代表一个单独的步骤。每一项指令作为一个整体进行评定。为防止患者在给出指令前就开始进行操作，评分员应提醒患者在没有被告知指令前不能开始。评分员在进行完第 4 个指令后，应将卡片、铅笔和手表拿走，以免分散患者进行测试时的注意力。

评分标准：指令

0=所有指令均正确

1=1 项指令错误，4 项指令正确

2=2 项指令错误，3 项指令正确

3=3 项指令错误，2 项指令正确

4=4 项指令错误,1 项指令正确

5=所有 5 项指令均错误

4. 结构性练习(Constructional Praxis)

用品:4 张画有几何图形的白纸,1 支铅笔

方法:评价复制 4 幅几何图形的能力,从简单(圆)到复杂(立方体)。每次出示一幅图。然后对患者说:“这张纸上有一幅图。请试着在这页纸的其他地方再画一幅图,看起来与这幅图一样。”每幅图允许被试有 2 次机会,可使用橡皮。若被试 2 次均未能复制出,则应继续下一幅图。即使患者连最简单的图形(圆)也无法画出来,也必须给其机会画所有的 4 幅图。依次出示的图形是:

(1) 圆形,直径大约为 2.0cm。

(2) 两个重叠的矩形,一个垂直,一个水平。

(3) 长轴垂直的菱形。

(4) 棱长约为 2.0cm 的立方体,且所有内部线条可见。

如果被试已经复制出原始图形的所有基本几何特征,则应评为正确。尺寸大小的变化及线条之间的小缺口均不算错。

评分标准:

(1) 圆形:封闭的曲线图形。

(2) 两个重叠的矩形:每个图必须有四条边,重叠部分必须与示范图形相似。尺寸大小不同不算错。

(3) 菱形:图形必须有四条边,方向明显,顶角分别在顶部和底部,四条边的长度必须相似。

(4) 立方体:图形必须是三维结构,其正面的方向应该正确,内部连线必须正确连于顶角之间。背面的线条应该近似平行。

原图	正确	错误	原图	正确	错误

评分标准:结构性练习

0=4 幅图全部正确

1=1 幅图错误

2=2 幅图错误

3=3 幅图错误

4=4 幅图均错误

5=未作图；刻写；只有一部分图形；用文字代替图形

5. 意向性练习(Ideational Praxis)

用品：一张 A4 大小的白纸，1 个信封和 1 支铅笔

方法：判断被试能否操作一项熟悉但复杂的动作程序。拿出测试用品，并告诉患者：

“我希望您假装已经给自己写好一封信。请接过这张纸，将它折叠起来，以便能装进信封，然后把纸放进信封内；再将信封封口，在信封上写上寄给您自己的地址，然后告诉我邮票该贴在哪儿。”这项测试共包括 5 个部分(下划线表示)。

如果被试忘记了部分要求，或遇到困难，评分员应将遇到困难的那一步指令重复一次。例如，患者把信叠起来并放进信封后不知道该做什么，评分员可提醒患者下一个动作，如“封上信封”。如果患者还不能完成该动作，评分员继续到下一个指令，如“在信封上写上您的地址”。每一步指令只能提醒患者一次。

该项测验只反映执行一项熟悉任务时的功能障碍，而不反映回忆困难。任何一个能让邮递员把信投寄出去的地址都算对，即使该地址可能不是被试目前的住址。正确的地址应包括：省份、城市、街道和姓名。邮政编码可有可无(并不是不能投递的因素)。

完成此项测试的各动作顺序并不重要，重要的是结果的可接受性：即信件是否可被投递到。

贴邮票的地方应正确。如果投递的地址被患者写在了信封的背面，但如果患者将邮票贴在写有地址的那一面信封的右上角，也是正确的。但如果患者将邮票贴在信封的正面，地址写在背面就不正确了。

如果患者将信封封上了，但信没有被装在信封里，评分员给患者封信封的分，但不给装信封的分。

叠信的方式不重要，只要患者将信装在了信封中都正确。

评分标准：意向性练习

评分被试不能正确操作的步骤数。

0=所有步骤操作正确

1=未能操作 1 步

2=未能操作 2 步

3=未能操作 3 步

4=未能操作 4 步

5=未能操作 5 步

6. 定向力(Orientation)

准备：在测试现场不要有时钟、手表和日历等任何可能提示被试的东西。

方法：下列问题可以提问 2 次。如果被试在被提问后 20s 还不回答，评分员应提问下一个问题。

(1) 问题 1：“您叫什么名字？”　　(必须准确)

(2) 问题 2：“今天是星期几？”　　(必须准确)

(3) 问题 3：“今天是几号？”　　(可相差 1d)

(4) 问题 4：“现在是几月份？”　　(必须准确)

(5) 问题 5:“现在是哪一年?” (必须准确)

(6) 问题 6:“现在是什么季节?” (在下一个季节到来之前 1 周可以命名下一个季节或在前一个季节结束后 2 周内可以命名前一个季节)

(7) 问题 7:“现在是几点钟?” (相差不超过 1h)

(8) 问题 8:“现在我们在哪?” (部分命名也可接受)

评分标准:定向力

每一项错误均评 1 分,最高分=8 分

7. 单词辨认任务(Word Recognition Memory Tests)

用品:单词卡

方法:让被试学习 12 个单词,要求大声朗读每个词,并尽量记住。将 12 个学习过的单词与另 12 个单词混在一起,然后要求被试确定每一个单词是否为其所学习的单词之一。第一次测验的开始,指导语:“我将向您出示印在卡片上的单词。我希望您大声朗读每一个单词,并尽量记住。”

如果被试不会读,那么,评分员应该将这个单词大声说出来。但是,很重要的一点是,被试应该确实看着每个单词,并尽力读出来。

在学习完 12 个单词后马上给患者看带有 24 个单词的卡片,每张卡片 2s。在试验的学习部分结束时,评分员应对被试这样说:“现在我将给您看另一套单词,其中一些是我刚才给您看过的那个单词表中的单词,另外一些是新单词。对于每一个单词,我希望您能告诉我,我刚才是否给您看过了这个单词。”然后,评分员让被试看第一个单词,或者说:“这个单词是我刚才给您看过的吗?是不是?”或者说:“刚才我给您看过这个单词吗?”如果被试没有记住任务(如读单词,而不是回答“是”或“否”),那么评分员应该复述整个问题,或再解说一遍,并记录被试必须提醒测试指导语。第二次和第二次试验与此相似,评分员应该了解被试必须提醒测试指导语的次数。

共进行 3 次学习和辨认测试,最后计算 3 次测试的平均错误数(最高分=12 分)

评分标准:单词辨认任务

评分时,计算每次测验中回答错误的数目,但每次测验中仅允许最大错误分为 12 分。该条目的评分等于 3 次测验中回答错误的平均数。

8. 回忆测试指令(Remembering Test Instructions)

评定被试能记住辨认任务中的要求的能力。每一次辨认测验中,出示头两个单词之前都要问被试:“您以前看过这个单词吗?”或者“这个单词是个新词吗?”到第 3 个单词时,问:“这个呢?”如果被试回答恰当(即“是”或“否”),那么对指令的回忆是准确的。如果被试未能作出应答,则表示忘记了指令。然后重复指令。询问第 4~24 个单词时都重复对第三个单词的问法。记录每一次回忆失败的情况。

评分标准:回忆测试指令

评分结果来自第 7 项:单词辨认任务

0=被试从不需要额外提醒指令

1=很轻,忘记 1 次

2=轻度,必须提醒 2 次

3=中度,必须提醒 3 次或 4 次

4=中重度,必须提醒 5 次或 6 次

5=重度,必须提醒 7 次或 7 次以上

9. 口头语言能力(Spoken Language Ability)

对言语质量进行总体评定,即清晰性以及言语是否存在可理解性困难。在进行此项测试时,被试所有的语言都应被评估。语言的质量和找词困难不在此项测试中。应注意:高分(4~5 分)只适用于那些表述性语言能力受损到几乎无法顺畅交流的被试。

评分标准:口头语言能力

0=没有难以理解被试的情况

1=很轻,有一次缺乏可理解性的情况

2=轻度,被试存在可理解性困难的时间<25%

3=中度,被试在 25%~50%的时间内存在言语可理解性困难

4=中重度,被试在 50%以上的时间内存在言语可理解性困难

5=重度,说一两个词即中断;说话虽流利,但内容空洞;缄默

10. (自发言语过程中)找词困难(Word Finding Difficulty)

此项测试只评定被试在自发表述时是否有找词困难。找词困难可能会被患者复述所掩盖,如说一些解释性的词汇或近义词。此项测试不包括对手指和物体命名的评定。

评分标准:找词困难

0=在自发言语过程中无找词困难的依据

1=很轻,出现一二次找词困难,临床意义不明显

2=轻度,明显的赘述或用同义词替代

3=中度,有时缺词,且无替代词补充

4=中重度,频繁缺词,且无替代词补充

5=重度,几乎完全丧失有内容的单词;听起来言语空洞;说一二个词即中断

11. 口头语言理解能力(Comprehension of Spoken Language)

此项测试评定被试理解言语的能力。评分员应考虑在测试过程及开放性的讨论过程中被试理解评分员语言的能力如何。此项测试不包括对指令的反应。

评分标准:口头语言理解能力

0=无理解能力差的依据

1=很轻,有 1 次理解错误的情况

2=轻度,有 3~5 次理解错误的情况

3=中度,需要多次重复和反复解说短语方能理解

4=中重度,被试仅偶尔作出正确的反应,即“是”或“否”的问题

5=重度,被试极少对问题作出恰当反应,且非因言语贫乏所致

12. 注意力集中和注意力涣散(Concentration and Distractibility)

评定被试被无关刺激分散注意力和(或)由于思绪不畅或被试沉湎于自己的思维中而需要再次告知正在进行的任务的频度。

评分标准:注意力

0=无注意力差或注意力涣散的依据

1=很轻,有 1 次注意力不集中

2=轻度，有 2~3 次注意力不集中或注意力涣散；有烦躁不安和心不在焉的征象
3=中度，访谈中有 4~5 次注意力不集中
4=中重度，访谈过程中很多时候注意力不集中和(或)经常注意力涣散
5=重度，访谈过程中很多时候注意力不集中和(或)经常注意力涣散

阿尔茨海默病评定量表(ADAS-cog)——工作表

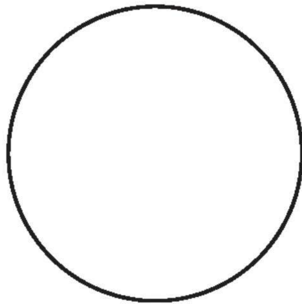
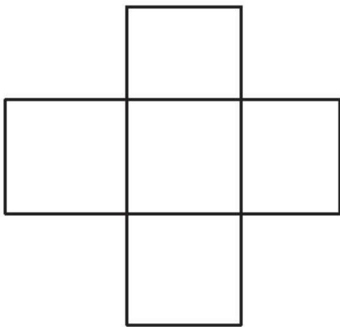
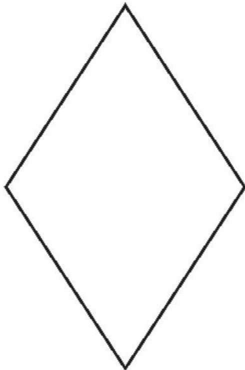
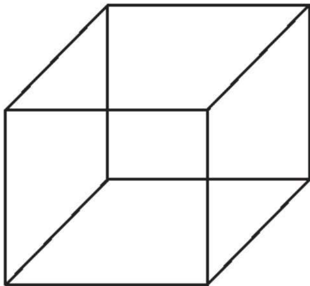
评定时，在相应的栏位内划勾“√”或填入具体分数，并保存完成的绘图。

1. 单词回忆任务						
单词	第一次		第二次		第三次	
	回忆出	未回忆	回忆出	未回忆	回忆出	未回忆
家庭	□	□	□	□	□	□
硬币	□	□	□	□	□	□
铁路	□	□	□	□	□	□
儿童	□	□	□	□	□	□
军队	□	□	□	□	□	□
旗子	□	□	□	□	□	□
皮肤	□	□	□	□	□	□
图书馆	□	□	□	□	□	□
麦子	□	□	□	□	□	□
海洋	□	□	□	□	□	□

2. 命名物体或手指	对	错		对	错
花	□	□	拇指	□	□
沙发	□	□	示指	□	□
哨子	□	□	中指	□	□
铅笔	□	□	环指	□	□
毽子	□	□	小手指	□	□
假面具	□	□			
剪刀	□	□			
梳子	□	□			
钱夹	□	□			
口琴	□	□			
听诊器	□	□			
钳子	□	□			

3. 命令	对	错
握拳	□	□
指天花板，然后指向地面	□	□
将铅笔放在卡片的上面，然后将其放回去	□	□
把手表放在铅笔的另一边，然后把卡片翻过来	□	□
用一只手的两个手指在每边肩膀上各拍2下，同时要一直闭着眼睛	□	□

4. 结构性练习	对	错
圆圈	□	□
叠放在一起的长方形	□	□
菱形	□	□
立方体	□	□

5. 意向性练习	对	错
叠信	□	□
将信放进信封内	□	□
将信封封口	□	□
在信封上写地址	□	□
在贴邮票处做标记	□	□

6. 定向力	对	错
姓名	□	□
星期______________	□	□
日期(可相差1d)______________	□	□
月份______________	□	□
年份______________	□	□
季节(季节变换前1周、后2周)______________	□	□
1d中的钟点(误差在1h以内)______________	□	□
地点(部分命名也可接受)______________	□	□

7. 单词辨认任务								
	是(旧)	否(新)		是(旧)	否(新)		是(旧)	否(新)
寂静	□		气泡		□	猴子		□
肘		□	角落	□		寂静	□	
女儿	□		珠宝		□	岛屿		□
粉末		□	淋浴器		□	季节		□
运河		□	村庄	□		黎明	□	
前额	□		前额	□		针		□
老虎	□		寂静	□		回声	□	
黎明	□		老虎	□		牛		□
龙		□	会议		□	角落	□	
卧室		□	容器	□		王国		□
姐姐		□	汽车		□	老虎	□	
乞丐	□		洋葱		□	物体	□	
回声	□		乞丐	□		乞丐	□	
侄子		□	警报		□	喷泉		□
义务		□	回声	□		村庄	□	
村庄	□		勇气	□		人民		□
角落	□		女儿	□		猎人		□
橄榄树		□	物体	□		前额	□	
音乐		□	器官		□	投手		□
勇气	□		饮料		□	容器	□	
容器	□		水盆		□	女儿	□	
丝带		□	夹克		□	勇气	□	
物体	□		黎明	□		贝壳		□
项链		□	市长		□	百合		□

	评分	评分标准
8. 回忆测验指令	□	0=无 1=很轻，忘记 1 次 2=轻度，必须提醒 2 次 3=中度，必须提醒 3 次或 4 次 4=中重度，必须提醒 5 次或 6 次 5=重度，必须提醒 7 次或 7 次以上

（续表）

	评分	评分标准
9. 口头语言能力	□	0=无 1=很轻，有一次缺乏可理解性的情况 2=轻度，<25%的时间内存在言语可理解性困难 3=中度，被试在25%~50%的时间内存在言语可理解性困难 4=中重度，被试在50%以上的时间内存在言语可理解性困难 5=重度，说一二个词即中断；说话虽流利，但内容空洞；缄默
10. 找词困难	□	0=无 1=很轻，出现一二次找词困难，临床意义不明显 2=轻度，明显的赘述或用同义词替代 3=中度，有时缺词，且无替代词 4=中重度，频繁缺词，且无替代词 5=重度，几乎完全缺乏有内容的单词；言语听起来空洞；说一二个词即中断
11. 口头语言理解能力	□	0=无理解能力差的依据 1=很轻，有1次理解错误的情况 2=轻度，有3~5次理解错误的情况 3=中度，需要多次重复和反复解说短语方能理解 4=中重度，仅偶尔作出正确的反应，即“是—否”的问题 5=重度，被试极少对问题作出恰当反应，而且非因言语贫乏所致
12. 注意力集中和注意力涣散	□	0=无 1=很轻，有1次注意力不集中 2=轻度，有2~3次注意力不集中；出现烦躁不安和心不在焉的征象 3=中度，访谈过程中有4~5次注意力不集中 4=中重度，访谈过程中很多时候注意力不集中和（或）经常注意力涣散 5=重度，极其难以集中注意力，无数次出现注意力涣散，无法完成测试任务

ADAS-cog 总分：□ □

附　　录

ADAS-cog 评定说明

本量表是评估阿尔茨海默病患者的痴呆严重程度和疗效最常用的工具之一，也是早期识别轻度认知缺损（mild cognitive impairment, MCI）的工具之一。

包括12个条目，其中条目8~12的评分为0~5分共6级。

参考文献

Rosen WG, Mohs RC, Davis KL. A new rating scale for Alzheimer's disease. Am J Psychiatry, 1984, 141(11): 1356-1364.

第八节 睡眠症状量表

一、睡眠障碍评定量表(SDRS)

睡眠障碍评定量表(Sleep dysfunction Rating Scale,SDRS)

评定近1周的睡眠情况或自上次随访以来的情况。

(一) 睡眠充分否(问题:您的睡眠时间足够吗?)

0=睡眠足够

1=睡眠不太够,但对工作、学习影响不大

2=睡眠显然不够,对工作学习有些影响

3=睡眠远远不够,对工作学习影响较大

4=睡眠极度缺乏,工作学习无法进行

(二) 睡眠质量(问题:醒来后是否感到已得到充分休息?)

0=休息充分

1=休息基本充分

2=休息了一点

3=几乎无睡眠感

4=醒来时比入睡前更疲劳

(三) 睡眠长度(问题:您每晚能睡几个小时?)

0=8h 以上

1=7~8h

2=5~7h

3=3~5h

4=少于 3h

(四) 早段失眠,频度(问题:您是否常常难以入睡?)

0=无

1=很少

2=有时

3=常常(≥一半时间)

4=总是

(五) 早段失眠,程度(问题:您想睡时多久能入睡?)

0=马上入睡

1=30min 入睡

2=30~60min 入睡

3=1~2h 入睡

4=2h 以上入睡

(六) 中段失眠,频度(问题:您入睡后中间是否易醒?)

0=无
1=有时
2=很少
3=常常(≥一半时间)
4=总是
(七) 中段失眠,程度(问题:中间醒来后多久才能入睡?)
0=无
1=醒来,但很快再入睡
2=醒来,需 30min 左右才能再入睡,或下床活动后才能入睡
3=醒来,需 1h 以上才能再入睡,或一夜醒来 2 次以上,无法很快入睡
4=醒来后无法入睡
(八) 末段失眠,频度(问题:您早上是否较早醒来?)
0=无
1=很少
2=有时
3=常常
4=总是
(九) 末段失眠,程度(问题:您早上何时醒来?)
0=无
1=提前 30min
2=提前 1h
3=提前 2h
4=提前 2h 以上
(十) 醒后不适感(问题:早上醒来是否有不适的感觉?如头晕、头疼、困倦、不能保持清醒等)
0=无不适,感觉良好
1=轻度不适
2=中度不适
3=重度不适
4=极重度不适

附　录

SDRS 评定说明

本量表主要用于评定睡眠障碍患者的症状严重程度和疗效。研究显示该量表的内部信度一致性好,α 系数 0.85~0.88,重测信度好,组内相关系数为 0.89。

包括 10 个条目,评分为 0~4 分共 5 级。

参 考 文 献

肖卫东, 刘平, 赵靖平, 等. 睡眠障碍评定量表的信度和效度分析. 中国心理卫生杂志, 2007, 21(1): 40-41.

二、里兹睡眠评估问卷(LSEQ)

里兹睡眠评估问卷(Leeds Sleep Evaluation Questionnaire,LSEQ)

本问卷的目的是用来评估研究药物对您的睡眠的疗效(由患者填写)。

每一个问题的回答是通过在直线上作一垂直线的标记。如果没有体验什么变化,那就在线的中间作上标记。如果体验到有变化,那么您标记的位置将表明变化的性质和强度,即大的变化靠近末端,小的变化靠近中间。

举例,这表明中度恶化:

"好" ———————————————————————— "坏"

1. 您用药以后,与您平时未用药时比较,入睡情况如何?

a) 比平常 较容易	____________	比平常 较难	□□□*
b) 比平常 较快	____________	比平常 较慢	□□□*
c) 比平常 感到困倦	____________	不比平常 感到困倦	□□□*

2. 您用药以后,与您平时未用药(您通常情况)时比较,睡眠质量如何?

a) 比平常 休息得好	____________	不比平常 休息得好	□□□*
b) 比平常 失眠的时间较少	____________	比平常 失眠的时间较多	□□□*

3. 您用药以后,与您平时未用药时比较,您在清醒方面如何?

a) 比平常 容易清醒	____________	比平常 难清醒	□□□*
b) 比平常清醒 花时间较少	____________	比平常清醒 花时间较长	□□□*

4. 您在清醒时的感觉如何?

清醒	____________	疲劳	□□□*

5. 您现在感觉如何?

清醒	____________	疲劳	□□□*

6. 您起床后您的平衡性和协调性如何?

不比平常 笨拙	____________	比平常 笨拙	□□□*

* 不要在此处填写。

附　　录

LSEQ 评定说明

本量表为 10cm 长的视觉模拟自评量表, 主要用于评定焦虑障碍及睡眠障碍患者的

失眠症状严重程度和疗效。

包括6个条目，涉及入睡难易度、睡眠质量、醒后易清醒度、醒后警觉度和行为状况。

参 考 文 献

1. Parrott AC, Hindmarch I. Factor analysis of a sleep evaluation questionnaire. Psychological Medicine, 1978, 8(2): 325-329.
2. Parrott AC, Hindmarch I. The Leeds Sleep Evaluation Questionnaire in psychopharmacological investigations—a review. Psychopharmacology, 1980, 71(2): 173-179.

三、匹兹堡睡眠质量指数(PSQI)

匹兹堡睡眠质量指数(Pittsburgh Sleep Quality Index，PSQI)

Instructions: The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. **Please answer all questions.** 指导语：下列问题是有关您平时的睡眠习惯，仅指过去1个月中的。您的回答应该体现有关过去1个月中大多数白天和晚上的最准确回答。**请回答所有问题。**

1. During the past month, what time have you usually gone to bed at night? ______________
   过去1个月中，您通常晚上几点上床睡觉？
2. During the past month, how long (in minutes) has it usually taken you to fall asleep each night? ______________
   过去1个月中，您每日晚上通常需要几分钟才能入睡？
3. During the past month, what time have you usually gotten up in the morning? __________
   过去1个月中，您通常早上几点起床？
4. During the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.) ___________________
   过去1个月中，您晚上实际睡眠几个小时？(这可能跟您呆在床上的小时数不同)。

5. During the past month, how often have you had trouble sleeping because you... 过去1个月中，您有睡眠困难因为您……	Not during the past month 非过去1个月中	Less than once a week 1周少于1次	Once or twice a week 1周1次或2次	Three or more times a week 1周3次或以上
a. Cannot get to sleep within 30 minutes 30min内不能入睡				
b. Wake up in the middle of the night or early morning 半夜或早上很早就醒来				
c. Have to get up to use the bathroom 必须起来上厕所				

（续表）

d. Cannot breathe comfortably 呼吸不畅				
e. Cough or snore loudly 咳嗽或鼾声响				
f. Feel too cold 感觉太冷				
g. Feel too hot 感觉太热				
h. Have bad dreams 做噩梦				
i. Have pain 疼痛不适				
j. Other reason (s), please describe: 其他原因，请描述：				
6. During the past month, how often have you taken medicine to help you sleep (prescribed or "over the counter")? 过去1个月中，您多久服用1次药物帮助睡眠(处方药或"OTC药")？				
7. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity? 过去1个月中，您在开车、进食或进行社交活动时会多久出现1次感到较难保持清醒？				
	No problem at all 毫无问题	Only a very slight problem 只是很小的问题	Somewhat of a problem 有点问题	A very big problem 非常大的问题
8. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done? 过去1个月中，对您来说保持足够热情做完事情是多大的问题？				
	Very good 非常好	Fairly good 相当好	Fairly bad 相当糟	Very bad 非常糟
9. During the past month, how would you rate your sleep quality overall? 过去1个月中，您如何评价您的总体睡眠质量？				

（续表）

	No bed partner or roommate 没有同床伴侣或室友	Partner/roommate in other room 伴侣或室友睡在其他房间	Partner in same room but not same bed 伴侣睡同房间但不睡同一张床	Partner in same bed 伴侣睡同一张床
10. Do you have a bed partner or roommate? 您有同床伴侣或室友吗？				
	Not during the past month 非过去 1 个月中	Less than once a week 1 周少于 1 次	Once or twice a week 1 周 1 次或 2 次	Three or more times a week 1 周 3 次或以上
If you have a roommate or bed partner, ask him/her how often in the past month you have had: 如果您有室友或同床伴侣，请问他（或她）在过去 1 个月中您多久有 1 次：				
a. Loud snoring 打鼾很响				
b. Long pauses between breaths while asleep 在睡着时 2 次呼吸间有长的停顿				
c. Legs twitching or jerking while you sleep 在您睡觉时双腿抽搐或急动				
d. Episodes of disorientation or confusion during sleep 睡觉时出现迷失方向或混乱发作				
e. Other restlessness while you sleep, please describe: 您睡着时有其他焦躁不安表现的话，请描述：				

附　　录

PSQI评定说明

本量表主要用于评定睡眠障碍患者的症状严重程度和疗效。研究显示该量表的内部信度一致性好，α 系数为 0.69~0.78，在睡眠障碍患者样本中的信度 α 系数为 0.70，在健康人群中的信度 α 系数为 0.52，在轻度睡眠患者人群中的重测信度好，组内相关系数可达 0.87。

PSQI 条目的次序已经从最初版本的次序被改过，以便前面 9 个条目（只有这些条目会统计到总分里）都在一个页面上。条目 10 是在量表的第 2 页上，不计入 PSQI 总分。

在 PSQI 评分中，会获得 7 个组成分数，每一个分数从 0 分（无困难）到 3 分（严重困难）。这些组成分数被累计而生成 1 个总分（从 0~21 分）。分数越高说明睡眠质量越差。

计分规则如下：

Component 1: Subjective sleep quality—question 9 第 1 部分：主观性睡眠质量——问题 9

Response to Q9 问题 9 的回答	Component 1 score 第 1 部分分数
Very good 非常好	0
Fairly good 相当好	1
Fairly bad 相当糟	2
Very bad 非常糟	3

Component 1 score: 第 1 部分分数：_____

Component 2: Sleep latency—questions 2 and 5a 第 2 部分：入睡延迟——问题 2 和 5a

Response to Q2 问题 2 的回答	Component 2/Q2 subscore 第 2 部分问题 2 分数
≤15 minutes ≤15min	0
16-30 minutes 16~30min	1
31-60 minutes 31~60min	2
> 60 minutes > 60min	3

Response to Q5a 问题 5a 的回答	Component 2/Q5a subscore 第 2 部分问题 5a 分数
Not during past month 非过去 1 个月中	0
Less than once a week 1 周少于 1 次	1
Once or twice a week 1 周 1 次或 2 次	2
Three or more times a week 1 周 3 次或以上	3

Sum of Q2 and Q5a subscores 问题 2 和 5a 的总分	Component 2 score 第 2 部分分数
0	0
1-2	1
3-4	2
5-6	3

Component 2 score: 第 2 部分分数：_____

Component 3: Sleep duration—question 4 第 3 部分：睡眠持续时间——问题 4

Response to Q4 问题 4 的回答	Component 3 score 第 3 部分分数
> 7 hours >7h	0
6-7 hours 6~7h	1
5-6 hours 5~6h	2
< 5 hours <5h	3

Component 3 score: 第 3 部分分数：_____

Component 4: Sleep efficiency—questions 1, 3, and 4 第 4 部分：睡眠效率——问题 1、3 和 4

Sleep efficiency = (# hours slept/# hours in bed) × 100%

睡眠效率=(睡眠时间/床上时间) × 100%

hours slept—question 4

睡眠时间——问题 4

hours in bed—calculated from responses to questions 1 and 3

床上时间——从问题 1 和 3 的回答中计算

Sleep efficiency 睡眠效率	Component 4 score 第 4 部分分数
> 85%	0
75%~84%	1
65%~74%	2
< 65%	3

Component 4 score: 第 4 部分分数:_____

Component 5: Sleep disturbance—questions 5b-5j 第 5 部分:睡眠障碍——问题 5b~5j

Questions 5b to 5j should be scored as follows: 问题 5b 到 5j 应按如下方法计分:

Not during past month 非过去 1 个月中	0
Less than once a week 1 周少于 1 次	1
Once or twice a week 1 周 1 次或 2 次	2
Three or more times a week 1 周 3 次或以上	3

Sum of 5b to 5j scores 5b 到 5j 总分	Component 5 score 第 5 部分分数
0	0
1~9	1
10~18	2
19~27	3

Component 5 score: 第 5 部分分数:_____

Component 6: Use of sleep medication—question 6 第 6 部分:使用助眠药物——问题 6

Response to Q6 问题 6 的回答	Component 6 score 第 6 部分分数
Not during past month 非过去 1 个月中	0
Less than once a week 1 周少于 1 次	1
Once or twice a week 1 周 1 次或 2 次	2
Three or more times a week 1 周 3 次或以上	3

Component 6 score: 第 6 部分分数:_____

Component 7: Daytime dysfunction—questions 7 and 8 第 7 部分:日间功能失调——问题 7 和 8

Response to Q7 问题 7 的回答	Component 7/Q7 subscore 第 7 部分问题 7 分数
Not during past month 非过去 1 个月中	0
Less than once a week 1 周少于 1 次	1
Once or twice a week 1 周 1 次或 2 次	2
Three or more times a week 1 周 3 次或以上	3

Response to Q8 问题 8 的回答	Component 7/Q8 subscore 第 7 部分问题 8 分数
No problem at all 毫无问题	0
Only a very slight problem 只是很小的问题	1
Somewhat of a problem 有点问题	2
A very big problem 非常大的问题	3

Sum of Q7 and Q8 subscores 问题 7 和 8 的总分	Component 7 score 第 7 部分分数
0	0

1-2	1
3-4	2
5-6	3

Component 7 score: 第 7 部分分数：_____

Global PSQI Score: Sum of seven component scores:___________

PSQI 总分：7 个部分总分：

参 考 文 献

1. Buysse DJ, Reynolds CF 3rd, Monk TH, et al. The Pittsburgh Sleep Quality Index (PSQI): a new instrument for psychiatric practice and research. Psychiatry Research, 1989, 28(2): 193-213.
2. Backhaus J, Junghanns K, Broocks A, et al. Test-retest reliability and validity of the Pittsburgh Sleep Quality Index in primary insomnia. J Psychosom Res, 2002 Sep, 53(3):737-740.

四、睡眠视觉模拟量表(Sleep Visual Analogue Scale,Sleep VAS)

Visual analogue scale (VAS): quality of sleep 视觉模拟评分：睡眠质量

How well have you slept in the past 7 nights? 在此之前的7个晚上您的睡眠如何？

Please mark the line below with a slash (/) to indicate your quality of sleep. 请用斜线(/)在下面线段上标出以表示您夜间的睡眠质量。

Very badly 非常差 |————————————————| Very well 非常好

100

Score评分 [| |] mm

Visual analogue scale (VAS): daytime drowsiness 视觉模拟评分：日间困倦

How often have you felt drowsy in the past 7 days? 在此之前的7d您白天觉得困倦的情况如何？

Please mark the line below with a slash (/) to indicate your daytime drowsiness. 请用斜线(/)在下面线段上标出以表示您白天的困倦状况

Not at all 毫不觉得 |————————————————| All the time 一直觉得

100

Score评分 [| |] mm

附　　录

Sleep VAS 评定说明

本量表为自评量表，主要用于评定睡眠障碍患者的睡眠质量和日间困倦。

为求信息准确，所用工作表应用于评定 VAS。量表应准确为 100mm 的长度，不要改变量表的尺寸。患者在线段上作标记以表示。

患者在过去 7d 里的睡眠情况如何（非常差到非常好），及他们在过去 7d 里感到困倦的频度如何（毫不觉得至一直觉得）。

参 考 文 献

1. Folstein MF, Luria R. Reliability, validity, and clinical application of the Visual Analogue Mood Scale. Psychol Med, 1973, 3(4): 479-486.
2. Monk TH. A visual analogue scale technique to measure global vigor and affect. Psychiatry Res, 1989, 27(1): 89-99.
3. Harvey AG, Schmidt DA, Scarna A, et al. Sleep-related functioning in euthymic patients with bipolar disorder, patients with insomia, and patients without sleep problems. American J Psychiatry, 2005, 162(1): 50-57.

第九节　性症状量表

一、亚利桑那性体验量表（ASEX）—男性

亚利桑那性体验量表—男性（Arizona Sexual Experiences Scale，ASEX）©-MALE

For each item, please indicate your OVERALL level during the PAST WEEK, including TODAY. 对于每一项条目，请注明您在过去 1 周的整体水平，包括今天。

1. How strong is your sex drive? 您的性欲有多强？

1	2	3	4	5	6
extremely strong	very strong	somewhat strong	somewhat weak	very weak	no sex drive
极强烈	很强	有些强烈	有些弱	很弱	无性欲

2. How easily are you sexually aroused (turned on)? 您的性欲容易被唤起（点燃）吗？

1	2	3	4	5	6
extremely easily	very easily	somewhat easily	somewhat difficult	very difficult	never aroused
极容易	很容易	有些容易	有些困难	很困难	从未被唤起

3. Can you easily get and keep an erection? 您能轻松地获得并保持勃起吗？

1	2	3	4	5	6
extremely easily	very easily	somewhat easily	somewhat difficult	very difficult	never
极容易	很容易	有些容易	有些困难	很困难	从未获得

4. How easily can you reach an orgasm? 您能轻易达到性高潮吗？

1	2	3	4	5	6
extremely easily	very easily	somewhat easily	somewhat difficult	very difficult	never reach orgasm
极容易	很容易	有些容易	有些困难	很困难	从未达到性高潮

5. Are your orgasms satisfying? 您对您的性高潮满意吗？

1	2	3	4	5	6
extremely satisfying	very satisfying	somewhat satisfying	somewhat unsatisfying	very unsatisfying	can't reach orgasm
极满意	很满意	有些满意	有些不满意	很不满意	达不到性高潮

附　　录

ASEX-M 评定说明

本量表主要用于评定男性性功能障碍患者的症状严重程度，及评估药物引起性功能障碍的不良反应。研究显示该量表具有很好的内部信度一致性，α 系数可达 0.89~0.90，重测信度也好，组内相关系数为 0.88，敏感性为 82%，特异性为 90%。

包括 5 个条目，评分为 1~6 分共 6 级，总分 5~30 分。总分≥19 分，且任一条目≥5 分，或任意 3 个条目评分≥4 分，则可助临床诊断男性性功能障碍。

参 考 文 献

1. McGahuey CA, Delgado PL, Glenberg AJ. Assessment of sexual dysfunction using the Arizona Sexual Experiences Scale (ASEX) and implications for the treatment of depression. Psychiatric Annals, 1999, 29: 39-45.
2. McGahuey CA, Gelenberg AJ, Laukes CA, et al. The Arizona Sexual Experiences Scale (ASEX): reliability and validity. J Sex Marital Ther, 2000, 26(1): 25-40.

二、亚利桑那性体验量表(ASEX)—女性

亚利桑那性体验量表—女性(Arizona Sexual Experiences Scale，ASEX)©-FEMALE

For each item, please indicate your OVERALL level during the PAST WEEK, including TODAY. 对于每一项条目，请注明您在过去 1 周的整体水平，包括今天。

1. How strong is your sex drive? 您的性欲有多强？

1	2	3	4	5	6
extremely strong	very strong	somewhat strong	somewhat weak	very weak	no sex drive
极强烈	很强	有些强烈	有些弱	很弱	无性欲

2. How easily are you sexually aroused (turned on)? 您的性欲容易被唤起(点燃)吗?

1	2	3	4	5	6
extremely easily	very easily	somewhat easily	somewhat difficult	very difficult	never aroused
极容易	很容易	有些容易	有些困难	很困难	从未被唤起

3. How easily does your vagina become moist or wet during sex? 您的阴道在性交时能轻松变得潮湿或湿吗?

1	2	3	4	5	6
extremely easily	very easily	somewhat easily	somewhat difficult	very difficult	never
极容易	很容易	有些容易	有些困难	很困难	从未获得

4. How easily can you reach an orgasm? 您能轻易达到性高潮吗?

1	2	3	4	5	6
extremely easily	very easily	somewhat easily	somewhat difficult	very difficult	never reach orgasm
极容易	很容易	有些容易	有些困难	很困难	从未达到性高潮

5. Are your orgasms satisfying? 您对您的性高潮满意吗?

1	2	3	4	5	6
extremely satisfying	very satisfying	somewhat satisfying	somewhat unsatisfying	very unsatisfying	can't reach orgasm
极满意	很满意	有些满意	有些不满意	很不满意	达不到性高潮

附　　录

ASEX-F 评定说明

本量表主要用于评定女性性功能障碍患者的症状严重程度,及评估药物引起性功能障碍的不良反应。研究显示该量表具有很好的内部信度一致性,α 系数可达 0.89~0.90,重测信度也好,组内相关系数为 0.88,敏感性为 82%,特异性为 90%。

包括 5 个条目,评分为 1~6 分共 6 级,总分 5~30 分。总分≥19 分,且任一条目≥5 分,或任意 3 个条目评分≥4 分,则可助临床诊断女性性功能障碍。

参 考 文 献

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第十节　经前期症状量表

一、经前期综合征筛选工具(PSST)

经前期综合征筛选工具(Premenstrual Symptoms screening tool,PSST)

请回想您上1个月经周期的情况

请问,在您上1次月经来潮之前,您有以下哪些症状,而且这些症状会在月经来潮的几日内消失?

症状	完全没有	轻微	中度	严重
1. 愤怒感/易怒				
2. 焦虑/紧张				
3. 容易哭/对于被拒绝的敏感性增加				
4. 情绪低落/绝望				
5. 工作积极性降低				
6. 做家务兴趣降低				
7. 社交活动兴趣降低				
8. 很难集中注意力				
9. 疲劳/无精打采				
10. 过量饮食/嗜吃				
11. 失眠				
12. 嗜睡(需要更多睡眠)				
13. 感觉压抑或情绪失控				
14. 生理症状:胸部柔软,头疼,关节/肌肉疼痛,水肿,体重增加				

以上提及的这些症状,是否影响到下表中的项目?影响程度是怎样的?请将答案填入下页表中。

	完全没有	轻微	中度	严重
A. 您的工作效率和效果				
B. 您与同事的关系				
C. 您与家人的关系				
D. 您的社交活动				
E. 您的家庭责任				

附　　录

PSST评定说明

本量表是将DSM-IV诊断标准按严重程度制定而成,为经前期综合征的筛查工具,用于快速判断受试者是否患有经前恶劣心境(premenstrual dysphoric disorder, PMDD)或中度、重度经前综合征(premenstrual syndrome, PMS)。研究显示该量表的内部信度一致性好,α系数可达0.93。

包括14个症状条目和5个影响条目,相关症状在月经期前出现,月经来潮后数日内消失。评分为4级,按严重程度和对日常生活损害程度来划分。

以下为诊断经前恶劣心境(premenstrual dysphoric disorder,PMDD)所必须存在的标准:

1. 第1、2、3、4项中至少有一项是严重的
2. 外加第1~14项中至少有4项是中度至严重
3. A、B、C、D、E中至少有一项是严重的

以下为诊断中度至重度经前综合征 (premenstrual syndrome,PMS) 所必须存在的标准:

1. 第1、2、3、4项中至少有一项是中度至严重
2. 外加第1~14项中至少有4项是中度至严重
3. A、B、C、D、E中至少有一项是中度至严重

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二、每日症状严重程度记录量表(DRSP)

每日症状严重程度记录量表(Daily Record of Severity of Problems,DRSP)

Please print and use as many sheets as you need for at least two FULL months of ratings. Each evening throughout your menstrual cycle note the degree to which you experienced each of the problems listed below. Indicate the days of “spotting” or “full flow of menses”. 请打印

并使用足够您评定至少整整 2 个月症状所需的记录表。请在您月经周期的每日晚间记录您是否有以下问题及其程度如何。注明哪些天是“点状出血”或是“月经出血”。

1—Not at all 完全没有，2—Minimal 几乎没有，3—Mild 轻微，4—Moderate 中度，5—Severe 严重，6—Extreme 非常严重

Days of your menstrual cycle（月经周期的天数）							
1a. Felt depressed, sad, “down”, or “blue” 感觉压抑、悲伤、“低落”或“忧郁”							
1b. Felt hopeless 感觉绝望							
1c. Felt worthless, or guilty 感觉已无用或自责							
2. Felt anxious, tense, “keyed up” or “on edge” 焦虑、紧张、“容易激动”或“焦躁不安”							
3a. Had mood swings (e.g., suddenly felt sad or tearful) 情绪不稳定（比如会突然感觉悲伤或想哭）							
3b. Was more sensitive to rejection or my feelings were easily hurt 比平时对于拒绝更加敏感或者更加容易受到伤害							
4a. Felt angry, irritable 愤怒感、易怒							
4b. Had conflicts or problems with people 与其他人发生冲突或矛盾							
5. Had less interest in usual activities (e.g., work, school, friends, hobbies) 对平常的活动兴趣降低（如工作、学习、朋友、爱好）							
6. Had difficulty concentrating 注意力不易集中							
7. Felt lethargic, tired, fatigued, or had a lack of energy 昏昏欲睡、疲倦、疲劳或无精打采							
8a. Had increased appetite or overate 胃口增加或过量饮食							
8b. Had cravings for specific foods 想吃某种特定的食物							
9a. Slept more, took naps, found it hard to get up when intended 嗜睡、打盹、想起床的时候起不来							
9b. Had trouble getting to sleep or staying asleep 难以入睡或失眠							

（续表）

Days of your menstrual cycle(月经周期的天数)							
10a. Felt overwhelmed or that I could not cope 感觉压抑或感到自己没法克服							
10b. Felt out of control 感到失控							
11a. Had breast tenderness 胸部柔软感							
11b. Had breast swelling, felt "bloated", or had weight gain 胸部胀痛、身体水肿或体重增加							
11c. Had headache 头痛							
11d. Had joint or muscle pain 关节或肌肉疼痛							
At work, at school, at home, or in daily routine, at least one of the problems noted above caused reduction of productivity or inefficiency 以上提及的症状中，至少有一个降低了您在工作、学习、家务及日常生活中的效率或效果 At least one of the problems noted above interfered with hobbies or social activities (e.g., avoid or do less) 以上提及的症状中，至少有一个影响到了兴趣爱好或社交活动(比如，回避或活动减少) At least one of the problems noted above interfered with relationships with others 以上提及的症状中，至少有一个影响到了您与其他人的关系							

WORKSHEET FOR USE OF DAILY RECORD OF SEVERITY OF PROBLEMS TO ASSESS DIAGNOSTIC CRITERIA FOR DSM-IV PREMENSTRUAL DYSPHORIC DISORDER

本工作表是用每日症状严重程度记录量表来评估符合 DSM-IV 经前恶劣心境的诊断标准

NAME 姓名________________　　DATE 日期____________　　ID 编号____________

This worksheet is designed to assist a clinician in reviewing daily ratings for a subject whose reports suggest that she will meet criteria for DSM-IV Premenstrual Dysphoric Disorder. 本工作表是用来帮助医生回顾患者日常症状的评估，患者的主诉提示她符合 DSM-IV 经前恶劣心境的诊断标准。

1. During the mid-follicular phase (day 6-10 after onset of menses) does the subject have an average daily symtoms rating score greater than 3 (mild) on any of the symtoms, e.g., is there any evidence of an ongoing disorder? 在卵泡期(月经开始后第 6 日到第 10 日)患者是否存在任一症状的日平均分比 3 分(轻度)高，比如，是否存在患有本病的证据？

Some clinicians choose to allow increased appetite (8a) for obese patients, or insomnia (9a) for those with good reasons (e.g., infants or ill children), or pain from a physical illness

(e.g., 11c and 11d). Note if this is the case for this patient. 有些医生会选择允许肥胖患者食欲增加(8a),或允许患者因为合理的理由(如为婴儿或生病的孩子)而失眠(9a),或允许患者因为患有躯体疾病而疼痛(如 11c 和 11d)。注意患者是否属于这些情形。

________If has greater than mild symptoms during the mid-follicular phase (and they are not "excused ") does not meet—**STOP** 如果在卵泡期有比轻度更重的症状(且这些症状不是"可以解释的"),则不符合本诊断标准——停止。

________If essentially symptom-free or only has "excused symptoms " during the mid-follicular phase, proceed to step 2. 如果在卵泡期肯定无症状或只有"可以解释的症状",则进入第 2 步。

2. During the week prior to menses does the subject have scores of at least 4 (moderate) for at least 2 days on one or more of the items that assess the symptoms of (1) depression, (2) anxiety, (3) affective lability, or (4) anger/irritability? 在月经开始之前 1 周里,患者是否在评估这些症状的条目中有一项或更多项评分至少为 4 分(中度)且至少有 2d:①抑郁;②焦虑;③情绪不稳;或④ 生气/易怒?

Depression 抑郁.. 1a___, 1b___,1c___

Anxiety 焦虑... 2___

Lability 不稳... 3a___, 3b___

Anger.......... 4a___, 4b___

___If NO, does not meet criteria—**STOP** 若否,不符合标准——停止

___If YES, proceed to step 3. 若是,则进入第 3 步。

3. During the week prior to menses does the subject have scores that reach a level of 4 (moderate) for at least two days on at least FIVE of the symptoms (1a through 11d) listed? 在月经开始之前 1 周里,患者是否有至少五项症状(从 1a 至 11d)评分达到 4 分(中度)且至少有 2d?

___If NO, does not have sufficient symptoms to meet criteria—**STOP**
若否,则没有足够的症状符合标准——停止

___If YES, has sufficient symptom severity—proceed to step 4.
若是,则有足够的症状严重度——进入第 4 步。

4. During the week prior to menses does the subject have scores of at least 4 (moderate) for at least 2 days on at least one of the three impairment items? 在月经开始之前 1 周里,患者是否在三个缺陷条目中至少有一项评分至少为 4 分(中度)且至少有 2d?

Work, school, home, daily routine___
工作、学习、家务、日常生活

Hobbies, social activities___
兴趣爱好、社交活动

Relationships with others
与其他人的关系

___If NO, does not meet impairment criteria—**STOP** 若否,不符合缺陷标准——停止

___If YES, meets impairment criteria–proceed to step 5. 若是,则符合缺陷标准——进入第 5 步。

5. Does your clinical judgement agree with the assessment of the daily ratings (e.g., does the patient appear to meet criteria for Premenstrual Dysphoric Disorder* during the cycles rated)? 您的临床判断是否与日常评分的结果一致(如患者症状是否在这些评定周期里符合经前恶劣心境的标准)?

________If NO, specify reason(s)若否,说明理由________________________________

________If YES, note if this is the first or second cycle of ratings that have met criteria.
若是,注明是第一个还是第二个周期的评分符合标准。

________**First Cycle** ________**Second Cycle** ________________________
第一个周期　　第二个周期　　Name of Clinician 医生签名

附　　录

DRSP 评定说明

本量表主要用于评定评估经前恶劣心境(PMDD)的症状严重程度和疗效。

包括 24 个条目,11 个互不重叠的条目由 21 个亚条目组成,含 3 个功能损害项。

评分说明如下:

1	完全没有	整天都一点也感觉不到
2	几乎没有	问题非常小,小到其他人感觉不到
3	轻微	自己和了解您的人能够隐约察觉到轻微的症状
4	中度	自己和了解您的人能够清楚地察觉到症状,而且这些症状给您带来了困扰
5	严重	自己和了解您的人能够察觉到显著的症状,而且这些症状给您带来了实实在在的困扰
6	非常严重	症状很严重,给您带来了很大的负担,甚至于不怎么了解自己的人也能察觉到

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第十一节　成瘾症状量表

一、成瘾严重程度指数(ASI)

成瘾严重程度指数(Addiction Severity Index,ASI)

Remember: This is an interview, not a test 请记住: 这是访谈,不是测试

INTRODUCING THE ASI: Seven potential problem areas: Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, and Psychological. All clients receive this same standard interview. All information gathered is confidential.

ASI 指导语:可能存在的 7 个方面问题:躯体、职业或支持状态、酒精、毒品、法律、家庭或社会和精神状态。所有被访谈者均接受这一同样的标准化访谈。所有收集到的信息都是保密的。

There are two time periods we will discuss: 有 2 个时间段我们要讨论:
1. The past 30 days 过去 30d
2. Lifetime Data 一生中的资料

Patient Rating Scale: Patient input is important. For each area, I will ask you to use this scale to let me know how bothered you have been by any problems in each section. I will also ask you how important treatment is for you for the area being discussed.

被访谈者评分:被访谈者的参与非常重要。对于每个方面的问题,我要请您应用以下评分标准来告诉我,在每一个部分里有什么问题对您产生困扰的程度。我也要询问您对于正在讨论的这方面问题的治疗对您的重要程度。

The scale is: 0. Not at all 无
评分标准: 1. Slightly 轻度
2. Moderately 中度
3. Considerably 较重
4. Extremely 非常重

If you are uncomfortable giving an answer, then don't answer.
如果您不便回答,那您就不要回答。

Please do not give inaccurate information!
请不要给出不准确的信息!

INTERVIEWER INSTRUCTIONS: 访谈者指导语:

1. Leave no blanks. 不留空格。
2. Make plenty of Comments (if another person reads this ASI, they should have a relatively complete picture of the client's perceptions of his/her problems). 多写一些注释(如果其他人来看 ASI 结果,他们应对被访谈者对自己问题的看法有一个相对完整的印象)。
3. X = Question not answered. X = 没有回答问题
N = Question not applicable. N = 问题不适合。
4. Terminate interview if client misrepresents two or more sections. 如果被访谈者对 2 个或 2 个以上的部分误述,请终止访谈。
5. When noting comments, please write the question number. 在写注释时,请注明问题编号。
6. Tutorial/clarification notes are preceded with "•". 提示(或澄清)以题前"•"为标记。

HALF TIME RULE: 半数规则

If a question asks the number of months, round up periods of 14 days or more to 1 month. Round up 6 months or more to 1 year. 如果是问多少个月的问题,≥14d 者记为 1 个月,≥6 个月者记为 1 年。

CONFIDENCE RATINGS: 可靠性评分

Last two items in each section. Do not over interpret. Denial does not warrant misrepresentation. Misrepresentation = overt contradiction in information. 每一个部分的最后 2 个条目。不要过

度解释,否认不能保证是误述。误述=信息中有显而易见的矛盾。

Probe and make plenty of comments!
深究并尽量多写注释!

HOLLINGSHEAD CATEGORIES: HOLLINGSHEAD 标准职业分类:

1. Higher execs, major professionals, owners of large businesses. 高级高管,重要专业人士,大型企业业主。

2. Business managers of medium sized businesses, lesser professions, e.g., nurses, opticians, pharmacists, social workers, teachers. 中型企业的业务经理,次要专业人士如护士、配镜师、药剂师、社会工作者、教师。

3. Administrative personnel, managers, minor professionals, owners/proprietors of small businesses, i.e., bakery, car dealership, engraving business, plumbing business, florist, decorator, actor, reporter, travel agent. 管理人员,经理,普通专业人士,小型企业业主(或所有人)如面包房、车行、雕刻企业、管道企业、花商、装潢人士、演员、记者、旅游公司。

4. Clerical and sales, technicians, small businesses (bank teller, bookkeeper, clerk, draftsman, timekeeper, secretary). 文书和销售员,技师,普通办事员(银行出纳、簿记员、职员、绘图员、计时员、秘书)

5. Skilled manual—usually having had training (baker, barber, brakeman, chef, electrician, fireman, lineman, machinist, mechanic, paperhanger, painter, repairman, tailor, welder, policeman, plumber). 技师——通常经过培训(面包师、理发师、司闸员、厨师、电工、司炉工、司线员、机械师、技工、裱糊工、画家、修理工、裁缝、焊工、警察、水暖工)。

6. Semi-skilled (hospital aide, painter, bartender, bus driver, cutter, cook, drill press, garage guard, checker, waiter, spot welder, machine operator). 熟练工(医院助手、油漆工、调酒师、公共汽车司机、切削工、厨师、钻床工、车库警卫、收银员、侍者、点焊工、机器操作员)。

7. Unskilled (attendant, janitor, construction helper, unspecified labor, porter, including unemployed). 辅助工(服务员、门卫、建筑行小工、未特指劳工、搬运工,包括失业)。

8. Homemaker. 家庭主妇。

9. Student, disabled, no occupation. 学生,残疾人,无业。

LIST OF COMMONLY USED DRUGS: 常用毒品表:

Alcohol: Beer, wine, liquor 酒精类:啤酒、葡萄酒、白酒

Methadone: Dolophine, LAAM 美沙酮类:美沙酮、乙酰基-α-美沙醇(LAAM)

Opiates: Pain killers = Morphine, Dilaudid, Demerol, Percocet, Darvon, Talwin, Codeine, Tylenol 2,3,4, Syrups = Robitussin, Fentanyl 阿片类:止痛剂=吗啡、盐酸二氢吗啡酮、盐酸哌替啶、盐酸二羟考酮-醋米诺芬、盐酸右丙氧芬、喷他佐辛、可待因、2,3,4-对乙酰氨基酚、糖浆=愈创甘油醚、芬太尼

Barbiturates: Nembutal, Seconal, Tuinol, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinol 巴比妥类:戊巴比妥钠、司可巴比妥钠、妥那、异戊巴比妥、戊巴比妥、

司可巴比妥、苯巴比妥、Fiorinol

Sed/Hyp/Tranq: Benzodiazepines = Valium, Librium, Ativan, Serax, Tranxene, Dalmane, Halcion, Xanax, Miltown, Other = ChloralHydrate (Noctex), Quaaludes 镇静、催眠、抗焦虑药物：苯二氮䓬类=地西泮、氯氮䓬、劳拉西泮、奥沙西泮、氯氮䓬二钾、盐酸氟西泮、三唑仑、阿普唑仑、甲丙氨酯、其他=水合氯醛、甲喹酮

Cocaine: Cocaine Crystal, Free-Base Cocaine or "Crack", and "Rock Cocaine" 可卡因类：可卡因晶体、游离碱可卡因或"快克"和"摇滚可卡因"

Amphetamines: Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal 安非他明类：Monster、曲柄、硫酸苯丙胺、硫酸右苯丙胺、哌甲酯、芬美曲嗪、去氧麻黄碱、速度丸、冰毒、麻古

Cannabis: Marijuana, Hashish 大麻类：大麻、印度大麻

Hallucinogens: LSD (Acid), Mescaline, Mushrooms (Psilocybin), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstacy 致幻剂：麦角酰二乙胺(酸)、仙人球毒碱、蘑菇(赛洛西宾)、墨西哥仙人球膏、绿、PCP(苯环利定)、天使粉、摇头丸

Inhalants: Nitrous Oxide, Amyl Nitrate (Whippits, Poppers), Glue, Solvents, Gasoline, Toluene, Etc. 吸入剂：一氧化二氮、亚硝酸异戊酯(Whippits, Poppers)、胶水、溶剂、汽油、甲苯等

Just note if these are used: Antidepressants, 抗抑郁剂

记录是否使用以下药物：Ulcer Meds = Zantac, Tagamet 抗溃疡药=雷尼替丁、西咪替丁
Asthma Meds = Ventoline Inhaler, Theodur 抗哮喘药=沙丁胺醇、Theodur
Other Meds = Antipsychotics, Lithium 其他药物：抗精神病药、锂盐

ALCOHOL/DRUG USE INSTRUCTIONS: 酒精或毒品使用说明：

The following questions look at two time periods: the past 30 days and lifetime. Lifetime refers to the time prior to the last 30 days. However if the client has been incarcerated for more than 1 year, you would only gather lifetime information, unless the client admits to significant alcohol /drug use during incarceration. This guideline only applies to the Alcohol/Drug Section. 下列问题看两个时间段：过去 30d 和一生中。一生中指近 30d 之前的时间里。但是，如果被访谈者被处监禁 1 年以上，则您只要收集一生的信息，除非被访谈者承认在监禁期间有重要的酒精或药物使用史。这一指南只适用于酒精或药物部分。

⇒30 day questions only require the number of days used. 问过去 30d 的问题只要求回答使用这些物质的天数。

⇒Lifetime use is asked to determine extended periods of use. 终身使用是要求确认使用这些物质的持续时间。

⇒Regular use = 3+ times per week, binges, or problematic irregular use in which normal activities are compromised. 规律使用=每周 3 次或 3 次以上，滥用，或连累正常活动的可疑的不规律使用。

⇒Alcohol to intoxication does not necessarily mean "drunk", use the words "felt the effects", "got a buzz", "high", etc. instead of intoxication. As a rule of thumb, 5+ drinks in one setting, or within a brief period of time defines "intoxication". 酒精中毒不一定指"醉酒", 使用"体验酒后感觉""酒后陶醉感""喝高了"等词语,而不用中毒。粗略算,每次或在短时间内饮酒≥5 杯可编码为"中毒"。

⇒How to ask these questions: 使用以下句子问这些问题:

⇒"How many days in the past 30 have you used...?" "过去 30d 中您有多少天用过……?"

⇒"How many years in your life have you regularly used...?" "在您一生中您有多少年规律使用过……?"

Addiction Severity Index Lite—Training Version **成瘾严重指数简版——培训版本**

■ GENERAL INFORMATION 一般信息

G1. ID No.: □□□□□□□□□□□
研究编号:

G2. SS No.: □□□-□□-□□□□
国家编号:

G3. Program No: ______ ______ ______
项目编号:

G4. Date of Admission: □□/ □□/ □□□□
入院日期:

G5. Date of Interview: □□/ □□/ □□□□
访谈日期:

G8. Class: 1. Intake 2. Follow-up □
类别: 1. 初次访谈 2. 随访

G9. Contact Code: 1. In person 面谈 □
访谈编码 2. Telephone (Intake ASI must be in person) 电话(初次 ASI 访谈必须面谈)
3. Mail 邮件

G10. Gender: 1. Male 2. Female □
性别: 1. 男 2. 女

G11. Interviewer Code No.: □□
访谈者编号:

G12. Special: 1. Patient terminated 被访谈者终止研究 □
特殊情况: 2. Patient refused 被访谈者拒绝
3. Patient unable to respond 被访谈者无法回答

Name 姓名

Address1 住址 1

Address2 住址 2

(　　　)

City 国家 State 州 Zip Code 邮编 Tel. No. 电话号码

G14. How long have you lived at this address? □□ □□
您在目前的住址住了多长时间？ Years 年 Months 月

G16. Date of birth: (Month/Day/Year) □□/ □□/ □□□□
出生日期：(月/日/年)

G17. Of what race do you consider yourself? 您认为自己是哪个人种？ □

1. White (not Hisp) 白种人(非拉丁裔)
2. Black (not Hisp) 黑人(非拉丁裔)
3. American Indian 美洲印第安人
4. Alaskan Native 阿拉斯加原住民
5. Asian/Pacific 亚洲人或太平洋洲人
6. Hispanic-Mexican 拉丁裔——墨西哥人
7. Hispanic-Puerto Rican 拉丁裔——波多黎各人
8. Hispanic-Cuban 拉丁裔——古巴人
9. Other Hispanic 其他拉丁裔人

G18. Do you have a religious preference? 您有宗教信仰吗？ □

1. Protestant 新教
2. Catholic 天主教
3. Jewish 犹太教
4. Islamic 回教
5. Other 其他
6. None 无

G19. Have you been in a controlled environment in the past 30 days? □
过去30d内您有无去过个人自由受到限制的地方？

1. No 无
2. Jail 监狱
3. Alcohol/Drug Treat 酒精或毒品治疗
4. Medical Treatment 住院治疗
5. Psychiatric Treatment 精神病院治疗
6. Other: 其他：______________

- A place, theoretically, without access to drugs/alcohol.
理论上指没有机会获得毒品或酒精的地方。

G20. How many days? □□
多少天？

- "NN" if Question G19 is No. Refers to total number of days detained in the past 30 days. 如果问题G19的回答为否，则G20的回答应是"NN"。指过去30d内被监禁的总天数。

MEDICAL STATUS 躯体健康状况

M1.* How many times in your life have you been hospitalized for medical problems?
您一生中有多少次因躯体问题而住院治疗？ □□

- Include O.D.'s and D.T.'s. Exclude detox, alcohol/drug, psychiatric treatment and childbirth (if no complications). Enter the number of ***overnight*** hospitalizations for medical problems. 包括药物过量中毒和震颤谵妄的问题。除外排毒、酒精或毒品、精

神疾病治疗和分娩(如无并发症)。填入因躯体疾病而至少***过夜 1d***的住院治疗的次数。

M3. Do you have any chronic medical problems which continue to interfere with your life?
您有继续影响您生活的慢性躯体问题吗?

0—No 否 1—Yes 是 ☐

- ***If "Yes", specify in comments. 如果"是",在注释中注明。***
- A chronic medical condition is a serious physical condition that requires regular care, (e.g., medication, dietary restriction) preventing full advantage of their abilities. 慢性躯体疾病指的是需要定期关照(如服药、限定饮食),且妨碍充分发挥能力的严重躯体疾病。

M4. Are you taking any prescribed medication on a regular basis for a physical problem?
您有无因为躯体问题而定期服用处方药物?

0—No 否 1—Yes 是 ☐

- ***If Yes, specify in comments. 如果是,在注释中注明。***
- Medication prescribed by a MD for medical conditions; ***not psychiatric medicines***. Include medicines prescribed whether or not the patient is currently taking them. The intent is to verify chronic medical problems. 医生因您躯体疾病而开具的处方药物;***非精神科药物***。包括处方药物,不管被访谈者目前是否正在服用它们。目的是确定被访谈者患有慢性躯体疾病。

M5. Do you receive a pension for a physical disability?
您是否因身体残疾而接受抚恤金?

0—No 否 1—Yes 是 ☐

- ***If Yes, specify in comments. 如果是,在注释中注明。***
- Include Workers' compensation, exclude psychiatric disability. 包括工作补偿金,不包括因精神残疾而获得的补偿金。

M6. How many days have you experienced medical problems in the past 30 days?
过去 30d 里,您有多少天感到身体不舒服? ☐☐

- Do not include ailments directly caused by drugs/alcohol. 不包括由毒品或酒精直接引起的疾病。
- Include flu, colds, etc. Include serious ailments related to drugs/alcohol, which would continue even if the patient were abstinent (e.g., cirrhosis of liver, abscesses from needles, etc.). 包括流感、普通感冒等。包括与使用毒品或酒精有关的严重疾病,即使被访谈者已戒断了这些物质,问题仍然存在(如肝硬化、毒品注射针引起的脓肿等)。

For Questions M7 & M8, ask the patient to use the Patient Rating scale.
对于问题 M7 与 M8,请对方使用被访谈者评分量表。

M7. How troubled or bothered have you been by these medical problems in the past 30 days?
过去 30d 里,您因为这些躯体不适感有多烦恼或多受扰? ☐

- Restrict response to problem days of Question M6. 只针对问题 M6 中的有不适感的时间回答。

M8. How important to you now is treatment for these medical problems?
现在治疗这些躯体问题对您有多重要? ☐

- Refers to the need for ***new*** or ***additional*** medical treatment by the patient. 指被访谈者需要***新的***或***另外***的医学治疗。

CONFIDENCE RATINGS 可靠度评定

Is the above information significantly distorted by: 以上信息有无因以下情况而被明显歪曲?

M10. Patient's misrepresentation? 被访谈者的误述?
0—No 否 1—Yes 是 ☐

M11. Patient's inability to understand? 被访谈者无法理解?
0—No 否 1—Yes 是 ☐

MEDICAL COMMENTS 躯体健康状况注释

(Include question number with your notes)(您记录时应包括问题编号)

___

___

___

EMPLOYMENT/SUPPORT STATUS 就业或支持状况

E1.* Education completed: ☐☐ ☐☐
完成教育的总时间? Years 年 Months 月

- GED = 12 years, note in comments. 总共=12 年,在注释中记录。
- Include formal education only. 只包括正规教育。

E2.* Training or Technical education completed: ☐☐
完成培训或技术教育的总时间: Months 月

- Formal/organized training only. For military training, only include training that can be used in civilian life, e.g., electronics or computers. 只包括正式或机构培训。对军事训练来说,只包括能用于普通生活中的培训,如电子或计算机。

E4. Do you have a valid driver's license?
您有有效的驾驶证吗?

- Valid license; not suspended/revoked. 有效的驾驶证;未被暂扣或被吊销。

0—No 否 1—Yes 是 ☐

E5. Do you have an automobile available?
您现有汽车吗?

- If answer to **E4** is "**No**", then **E5** must be "**No**". 如果 **E4** 回答是"**否**",则 **E5** 回答必定是"**否**"。

0—No 否 1—Yes 是 ☐

Does not require ownership, only requires availability on a regular basis. 不需要所有权,只需要有定期的使用权。

E6. How long was your longest full time job? ☐☐/ ☐☐
您从事全职工作最长有多久? Yrs 年/ Mos 月

• Full time = 35+ hours weekly; does not necessarily mean most recent job. 全职=每周≥35h,不一定是最近的工作。

E7.* Usual (or last) occupation?
通常的(或最近的)职业是?
(specify 请注明) ______________________________ □
(use Hollingshead Categories Reference Sheet 使用 Hollingshead 标准职业分类参考表)

E9. Does someone contribute the majority of your support?
有人资助您大多数的生活来源吗?
0—No 否 1—Yes 是 □

E10. Usual employment pattern, past three years?
过去 3 年中通常的就业模式? □

1. Full time (35+ hours)
全职(≥35h)
2. Part time (regular hours)
兼职(固定时间)
3. Part time (irregular hours)
兼职(不固定时间)
4. Student
学生
5. Service
服役
6. Retired/Disability
退休或残疾
7. Unemployed
失业
8. In controlled environment
在自由受限的环境中

• Answer should represent the *majority* of the last 3 years, not just the most recent selection. If there are equal times for more than one category, select that which best represents more current situation. 答案应代表过去 3 年中的*大多数情况*,而不仅指最近的情况。如果有一个以上工作类别的时间是一样的,选择那个最能代表最近工作状态的。

E11. How many days were you paid for working in the past 30 days?
过去 30d 里,您有多少天工作是有薪酬的? □

• Include "under the table" work, paid sick days and vacation. 包括"非法"工作、带薪病假和带薪休假。

For questions E12-17: How much money did you receive from the following sources in the past 30 days? 对于问题 E12~17: 过去 30d 里,您从以下来源中获得多少经济收入?

E12. Employment? 工作?

• Net or "take home" pay, include any "under the table" money. 净收入或"拿回家的"薪水,包括任何"非法"收入。 □□□□□

E13. Unemployment Compensation? 失业金? □□□□□

E14. Welfare? 社会福利? □□□□□

• Include food stamps, transportation money provided by an agency to go to and from treatment. 政府机构提供的食物、住房、交通等维持基本生活的补助。

E15. Pensions, benefits or Social Security? 补偿、福利或社保? □□□□□

• Include disability, pensions, retirement, veteran's benefits, SSI & workers' compensa-

tion. 包括疾病伤残、补偿、退休、退伍福利、SSI 和工作补偿金。

E16. Mate, family, or friends? 配偶、家人或朋友? □□□□□

• Money for personal expenses, (e.g., clothing), include unreliable sources of income (e.g., gambling). Record *cash* payments only, include windfalls (unexpected), money from loans, gambling, inheritance, tax returns, etc.). 用于个人开支(如买衣服)的钱,包括临时收入(如赌博收入)。只记录*现*金支付的收入,包括横财(意外之财)、贷款、赌博收入、继承的财产、返还的税金等。

E17. Illegal? 非法收入? □□□□□

• *Cash* obtained from drug dealing, stealing, fencing stolen goods, gambling, prostitution, etc. *Do not* attempt to convert drugs exchanged to a dollar value. 指从贩毒、盗窃、买卖赃物、非法赌博、卖淫等获得的*现金收入*。未试图将毒品交换为 1 美元的价值。

E18. How many people depend on you for the majority of their food, shelter, etc.?
有多少人依靠您来提供食物、住所等的大多数来源? □□

• Must be regularly depending on patient, do include alimony/child support, do not include the patient or self-supporting spouse, etc. 必须是定期依靠其来维持生活,包括赡养费或孩子抚养费,不包括被访谈者或自食其力的配偶等。

E19. How many days have you experienced employment problems in the past 30 ?
过去 30d 里,您有多少天遭遇就业方面的问题? □□

• Include inability to find work, if they are actively looking for work, or problems with present job in which that job is jeopardized. 包括在主动找工作而不能找到工作的情况,或者现有工作存在问题致使工作岌岌可危。

For Question E20, ask the patient to use the Patient Rating scale.
对于问题 E20,请对方使用被访谈者评分量表。

E20. How troubled or bothered have you been by these employment problems in the past 30 days?
过去 30d 里,您因为这些就业问题有多烦恼或多受扰? □

• If the patient has been incarcerated or detained during the past 30 days, they cannot have employment problems. 如果被访谈者在过去 30d 被监禁或被拘留,则他们不可能有就业问题。

E21. How important to you *now* is counseling for these employment problems?
*现在*商讨这些就业问题对您有多重要? □

• The patient's ratings in Questions E20-21 refer to Question E19. 被访谈者在问题 E20~21 的评分与问题 E19 有关。

• Stress help in finding or preparing for a job, not giving them a job. 强调就如何找到工作或为工作做准备而提供帮助,而不是给其提供工作。

CONFIDENCE RATINGS 可靠度评定

Is the above information significantly distorted by: 以上信息有无因以下情况而被明显歪曲?

E23. Patient's misrepresentation 被访谈者的误述?
0—No 否 1—Yes 是 □

E24. Patient's inability to understand? 被访谈者无法理解?
0—No 否 1—Yes 是 

EMPLOYMENT/SUPPORT COMMENTS 就业或支持状况注释

(Include question number with your notes)(您记录时应包括问题编号)

ALCOHOL/DRUGS 酒精或毒品

Route of Administration Types: 使用方式:

1. Oral	2. Nasal	3. Smoking	4. Non-IV injection	5. IV
口服	鼻吸	吸服	非静脉注射	静脉注射

• Note the usual or most recent route. For more than one route, choose the most severe. The routes are listed from least severe to most severe. 注意是指通常使用的或最近使用的方式。如果有几种使用方式,选择最严重的使用方式。上述使用方式按最不严重到最严重来排列。

		Past 30 Days 过去 30d	Lifetime (years) 终身(年)	Route of Admin 使用方式
D1	Alcohol (any use at all) 酒精(曾使用过)	□□	□□	■
D2	Alcohol (to intoxication) 酒精(使用至中毒)	□□	□□	■
D3	Heroin 海洛因	□□	□□	□
D4	Methadone 美沙酮	□□	□□	□
D5	Other Opiates/Analgesics 其他阿片类药物或麻醉剂	□□	□□	□
D6	Barbiturates 巴比妥类药物	□□	□□	□
D7	Sedatives/Hypnotics/ Tranquilizers 镇静剂或催眠药或抗焦虑药	□□	□□	□
D8	Cocaine 可卡因	□□	□□	□
D9	Amphetamines 安非他明类药物	□□	□□	□
D10	Cannabis 大麻	□□	□□	□
D11	Hallucinogens 致幻剂	□□	□□	□

D12 Inhalants ☐☐ ☐☐ ☐
吸入剂

D13 More than 1 substance per day ☐☐ ☐☐ ■
(including alcohol)
每日一种以上药物(包括酒精)

D17. How many times have you had Alcohol DT's?
您有多少次发生酒精性 DT? ☐☐

• ***Delirium Tremens*** (DT's): Occur 24-48 hours after last drink, or significant decrease in alcohol intake, shaking, severe disorientation, fever, hallucinations, they usually require medical attention. ***震颤谵妄***(DT):发生在末次饮酒或饮酒量明显减少后 24~48h,表现发抖、严重定向障碍、发热、幻觉,他们通常要求医疗关注。

How many times in your life have you been treated for :
您有生以来有多少次因为以下问题而治疗过?

D19 *. Alcohol abuse? 酒精滥用? ☐☐

D20 *. Drug abuse? 毒品滥用? ☐☐

• Include detoxification, halfway houses, in/outpatient counseling, and AA or NA (if 3+ meetings within one month period). 包括脱毒、戒瘾治疗中心、住院/门诊咨询,和嗜酒者互戒协会或吸毒者互戒协会(如果每月参加协会活动≥3 次)。

How many of these were detox only: 这些治疗中有多少次是单纯脱毒治疗?

D21. Alcohol? 酒精? ☐☐

D22. Drugs? 毒品? ☐☐

• If D19 = "00", then question D21 is "NN". 如果 D19="00",则问题 D21 答案为"NN"。
If D20 = "00", then question D22 is "NN". 如果 D20="00",则问题 D22 答案为"NN"。

How much money would you say you spent during the past 30 days on:
过去 30d 中,您会说您花了多少钱用于:

D23. Alcohol? 酒精? ☐☐☐☐☐

D24. Drugs? 毒品? ☐☐☐☐☐

• Only count actual ***money*** spent. What is the financial burden caused by drugs/alcohol? 只计算实际所花的**钱**。吸毒或饮酒导致的经济负担有多大?

D25. How many days have you been treated as an outpatient for alcohol or drugs in the past 30 days? 过去 30d 里,您有多少天接受酒精或药物依赖门诊治疗? ☐☐

• Include AA/NA 包括嗜酒者互戒协会或吸毒者互戒协会

For Questions D28-D31, ask the patient to use the Patient Rating scale. The patient is rating the need for additional substance abuse treatment. 对于问题 D28~D31,请对方使用被访谈者评定量表。被访谈者评定其对于另外的物质滥用治疗的需要程度。

How many days in the past 30 have you experienced: 过去 30d 里,您有多少天经历了:

D26. Alcohol problems? 酒精问题? ☐☐

How troubled or bothered have you been in the past 30 days by these: 过去 30d 里,您因为

以下这些而有多烦恼或多受扰:

D28. Alcohol problems? 酒精问题? □□

How important to you *now* is treatment for these: *现在*治疗这些对您有多重要:

D30. Alcohol problems? 酒精问题? □□

How many days in the past 30 have you experienced: 过去 30d 里,您有多少天经历了:

D27. Drug problems? 毒品问题? □□

- Include only: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to. 只包括: 渴求、戒断症状、使用导致的不良后果、或者想停用而难以做到。

How troubled or bothered have you been in the past 30 days by these: 过去 30d 里,您因为以下这些而有多烦恼或多受扰:

D29. Drug problems? 毒品问题? □□

How important to you *now* is treatment for these: *现在*治疗这些对您有多重要:

D31. Drug problems? 毒品问题? □□

CONFIDENCE RATINGS 可靠度评定

Is the above information significantly distorted by: 以上信息有无因以下情况而被明显歪曲?

D34. Patient's misrepresentation 被访谈者的误述?

0—No 否　1—Yes 是 □

D35. Patient's inability to understand? 被访谈者无法理解?

0—No 否　1—Yes 是 □

ALCOHOL/DRUGS COMMENTS 酒精或毒品注释

(Include question number with your notes) (您记录时应包括问题编号)

____

____

____

LEGAL STATUS 法律状况

L1. Was this admission prompted or suggested by the criminal justice system?
这次住院是司法系统促成或建议的吗?

- Judge, probation/parole officer, etc. 法官、缓刑官或假释官等

0—No 否　1—Yes 是 □

L2. Are you on parole or probation? 您现在是假释或缓刑中吗?

- Note duration and level in comments. 在注释中注明时间和等级。

0—No 否　1—Yes 是 □

How many times in your life have you been arrested and charged with the following:
您一生中有多少次因为以下问题而被捕或者被起诉:

L3* Shoplift/Vandal 扒窃商店/损害公物	□□	L10* Assault 攻击	□□

L4* Parole/Probation 假释时缓刑时违规 □□

L5* Drug Charges 毒品指控 □□

L6* Forgery 伪造 □□

L7* Weapons Offense 武器攻击 □□

L8* Burglary/Larceny/B&E 夜盗或盗窃 □□

L9* Robbery 抢劫 □□

L11* Arson 纵火 □□

L12* Rape 强奸 □□

L13* Homicide/Mansl 杀人或谋杀 □□

L14* Prostitution 卖淫 □□

L15* Contempt of Court 藐视法庭 □□

L16* Other: __________ 其他 □□

- Include total number of counts, not just convictions. Do not include juvenile (pre-age 18) crimes, unless they were charged as an adult. 包括被指控的总次数,而不仅仅指定罪。不包括少年(在 18 岁前)犯罪,除非他们是作为成人被起诉。
- Include formal charges only. 只包括正式的起诉。

L17* How many of these charges resulted in convictions?
这些起诉中有多少是被最后定罪的? □□

- If L03-16 = 00, then question L17 = "NN". 如果 L03~16=00,那么问题 L17="NN"。
- Do not include misdemeanor offenses from questions L18-20 below. 不包括以下问题 L18~20 中的轻罪。
- Convictions include fines, probation, incarcerations, suspended sentences, and guilty pleas. 定罪包括罚款、缓刑、监禁、缓期宣判和认罪。

How many times in your life have you been charged with the following:

在您一生中,有多少次因为以下情况受到起诉:

L18.* Disorderly conduct, vagrancy, public intoxication?
妨碍治安行为、流浪罪、公众场合醉酒? □□

L19.* Driving while intoxicated? 酒后驾车? □□

L20.* Major driving violations? 严重违规驾驶? □□

- Moving violations: speeding, reckless driving, no license, etc. 违规驾驶:超速、鲁莽驾驶、无照驾驶等

L21.* How many months were you incarcerated in your life?
在您一生中有多少个月被处以监禁? □□

- If incarcerated *2 weeks or more*, round this up to 1 month. List total number of months incarcerated. 如果被处监禁 2 周或 2 周以上,则计为 1 个月。列出被处监禁的总月数。

L24. Are you presently awaiting charges, trial, or sentence?
您现在正在等待被起诉、审判或判决吗?
0—No 否 1—Yes 是 □

L25. What for? 因为什么？ □□

- Use the number of the type of crime committed: 03-16 and 18-20. 使用已定罪类型的编码：03~16 和 18~20。
- Refers to Q. L24. If more than one, choose most severe. 参考问题 L24。如果存在多项问题，则选择最严重的。
- Don't include civil cases, unless a criminal offense is involved. 不包括民事案件，除非涉及刑事犯罪。

L26. How many days in the past 30 were you detained or incarcerated?
过去 30d 里，您有多少天被拘留或被监禁？ □□

- Include being arrested and released on the same day. 包括同 1d 中被捕后被释放。

L27. How many days in the past 30 have you engaged in illegal activities for profit?
过去 30d 里，您有多少天为获益而从事非法活动？ □□

- Exclude simple drug possession. Include drug dealing, prostitution, selling stolen goods, etc. May be cross checked with Question E17 under Employment/Family Support Section. 单纯持有毒品除外。包括毒品交易、卖淫、售卖盗窃物等。可与在就业或家庭支持部分下的问题 E17 进行交叉询问。

For Questions L28-29, ask the patient to use the Patient Rating scale.
对于问题 L28~29，请对方使用被访谈者评定量表。

L28. How serious do you feel your present legal problems are?
您认为您目前的法律问题有多严重？ □

- Exclude civil problems 除外民事问题

L29. How important to you now is counseling or referral for these legal problems?
现在对这些法律问题进行咨询或转介服务对您有多重要？ □

- Patient is rating a need for ***additional*** referral to legal counsel for defense against criminal charges. 被访谈者评估***另外***转介给为其犯罪起诉而辩护的法律顾问的需要程度。

CONFIDENCE RATINGS 可靠度评定

Is the above information significantly distorted by: 以上信息有无因以下情况而被明显歪曲？

L31. Patient's misrepresentation? 被访谈者的误述？
0—No 否　1—Yes 是 □

L32. Patient's inability to understand? 被访谈者无法理解？
0—No 否　1—Yes 是 □

LEGAL COMMENTS 法律状况注释

(Include question number with your notes)（您记录时应包括问题编号）

FAMILY/SOCIAL RELATIONSHIPS 家庭或社会关系

F1. Marital Status: 婚姻状况：

1-Married 已婚　3-Widowed 丧偶　5-Divorced 离异

2-Remarried 再婚　4-Separated 分居　6-Never Married 从未结婚

- Common-law marriage = 1. Specify in comments. 事实婚姻=1。在注释中注明。

F3. Are you satisfied with this situation? 您对这一婚姻状况满意吗？

0—No 否　1—Indifferent 无所谓　2—Yes 是 □

- Satisfied = generally liking the situation. —Refers to Questions F1 & F2. 满意=总体喜欢这一状况。——参照问题 F1 与 F2 的回答。

F4.* Usual living arrangements (past 3 years):
通常的居住情况(过去 3 年)： □

1-With sexual partner & children
与配偶和孩子一起

2-With sexual partner alone
仅与配偶一起

3-With children alone
仅与孩子一起

4-With parents
与父母一起

5-With family
与家人一起

6-With friends
和朋友一起

7-Alone
独居

8-Controlled Environment
受管制的环境

9-No stable arrangement
没有固定住所

- Choose arrangements most representative of the past 3 years. If there is an even split in time between these arrangements, choose the most recent arrangement. 选择最能代表过去 3 年的居住情况。如果这些居住情况在时间分割上差不多,则选择最近的居住情况。

F6. Are you satisfied with these arrangements? 您对这些居住情况满意吗？

0—No 否　1—Indifferent 无所谓　2—Yes 是 □

Do you live with anyone who: 您是否与下列人居住在一起：

F7. Has a current alcohol problem? 目前有饮酒问题的人?

0—No 否　1—Yes 是 □

F8. Uses non-prescribed drugs? 使用非处方药物者？

0—No 否　1—Yes 是 □

F9. With whom do you spend most of your free time?
您大多数的业余时间是与谁一起度过的？

1—Family 家人　2—Friends 朋友　3—Alone 单独 □

- If a girlfriend/boyfriend is considered as family by patient, then they must refer to them as family throughout this section, not a friend. 如果女友或男友被访谈者视作家人,则在整个这一部分中他们都必须被认作家人,而不是朋友。

F10. Are you satisfied with spending your free time this way?

您对以这种方式度过您的业余时间感到满意吗？

0—No 否　1—Indifferent 无所谓　2—Yes 是 ☐

● A satisfied response must indicate that the person generally likes the situation. Referring to Question F9. 回答满意必须指其总体喜欢这一状况。针对问题 F9。

Have you had significant periods in which you have experienced serious problems getting along with: **您是否有过与以下人员相处中发生严重问题的重要时期：**

	0—No 无 Past 30 days 过去 30d	1—Yes 有 In Your Life 您一生中
F18. Mother 母亲	☐	☐
F19. Father 父亲	☐	☐
F20. Brother/Sister 兄弟或姐妹	☐	☐
F21. Sexual Partner/Spouse 性伴侣或配偶	☐	☐
F22. Children 孩子们	☐	☐
F23. Other Significant Family(specify)________________ 其他重要家人(请注明)	☐	☐
F24. Close Friends 密友	☐	☐
F25. Neighbors 邻居	☐	☐
F26. Co-workers 同事	☐	☐

● "Serious problems" mean those that endangered the relationship. "严重问题"指那些损害到双方关系的问题。

● A "problem" requires contact of some sort, either by telephone or in person. "问题"A 要求双方有某种形式的接触，要么是打电话要么是面对面。

Did anyone abuse you?　有人虐待过您吗?

	0—No 无 Past 30 days 过去 30d	1—Yes 有 In Your Life 您一生中
F28. Physically? 身体上的？	☐	☐
● Caused you physical harm. 导致您躯体上的伤害。		
F29. Sexually? 性方面的？	☐	☐
● Forced sexual advances/acts. 被迫的性挑逗或性行为。		

How many days in the past 30 have you had serious conflicts:

过去 30d 里，您有多少天经历过严重冲突：

F30. With your family? 与您的家人？ ☐☐

For Questions F32-34, ask the patient to use the Patient Rating scale.

对于问题 F32~34，请对方使用被访谈者评定量表。

How troubled or bothered have you been in the past 30 days by:

过去 30d 里，您因为以下问题有多烦恼或多受扰？

F32. Family problems? 家庭问题？ ☐

How important to you now is treatment or counseling for these:
现在对这些问题进行治疗或咨询对您有多重要：

F34. Family problems 家庭问题 □

- Patient is rating *his/her* need for counseling for family problems, not whether the family would be willing to attend. 被访谈者评定他(她)对家庭问题咨询的需要程度，不管家人是否愿意参加。

How many days in the past 30 have you had serious conflicts:
过去 30d 里，您有多少天经历过严重冲突：

F31. With other people (excluding family)? 与其他人(家人除外)？ □□

For Questions F33-35, ask the patient to use the Patient Rating scale.
对于问题 F33~35, 请对方使用被访谈者评定量表。

How troubled or bothered have you been in the past 30 days by:
过去 30d 里，您因为以下问题有多烦恼或多受扰？

F33. Social problems? 社交问题？ □

How important to you now is treatment or counseling for these:
现在对这些问题进行治疗或咨询对您有多重要：

F35. Social problems 社交问题 □

- Include patient's need to seek treatment for such social problems as loneliness, inability to socialize, and dissatisfaction with friends. Patient rating should refer to dissatisfaction, conflicts, or other serious problems. 包括被访谈者为这些社交问题如孤独、社会化障碍和对朋友不满意而寻求治疗的需要。被访谈者的评定应该指不满意、冲突或其他严重问题。

CONFIDENCE RATINGS 可靠度评定

Is the above information significantly distorted by: 以上信息有无因以下情况而被明显歪曲？

F37. Patient's misrepresentation? 被访谈者的误述？

0—No 否 1—Yes 是 □

F38. Patient's inability to understand? 被访谈者无法理解？

0—No 否 1—Yes 是 □

FAMILY/SOCIAL COMMENTS 家庭和社交状况注释

(Include question number with your notes) (您记录时应包括问题编号)

____

____

____

PSYCHIATRIC STATUS 精神健康状态

How many times have you been treated for any psychological or emotional problems:
您因为心理或情绪问题而接受过多少次治疗？

P1.* In a hospital or inpatient setting? 在医院或住院机构里? □□

P2.* Outpatient/private patient? 门诊或私人诊所患者？ □□

- Do not include substance abuse, employment, or family counseling. Treatment episode = a series of more or less continuous visits or treatment days, not the number of visits or treatment days. 不包括物质滥用、就业或家庭咨询。一个治疗期=一系列或多或少持续的访视或治疗，而非访视次数或治疗天数。
- Enter diagnosis in comments if known. 请在注释中填写诊断，如果已知的话。

P3. Do you receive a pension for a psychiatric disability?
您是否因精神残疾而收到经济补偿?
0—No 否　1—Yes 是 ☐

Have you had a significant period of time (that was not a direct result of alcohol/drug use) in which you have: 你是否有一段重要时期有过以下症状（不是因使用酒精或毒品直接导致）:

	0—No 无 Past 30 days 过去 30d	1—Yes 有 Lifetime 一生中
P4. Experienced serious depression, sadness, hopelessness, loss of interest, difficulty with daily function? 感到严重抑郁、悲伤、无助、兴趣丧失、日常功能受损?	☐	☐
P5. Experienced serious anxiety/ tension, uptight, unreasonably worried, inability to feel relaxed? 感到严重焦虑或紧张、烦躁，无理由担心、无法感到放松?	☐	☐
P6. Experienced hallucinations—saw things or heard voices that were not there? 经历幻觉——看到不存在的东西或听到不存在的声音?	☐	☐
P7. Experienced trouble understanding, concentrating, or remembering? 感到难以理解、集中注意或记住事情?	☐	☐
For Items P8-P10, Patient can have been under the influence of alcohol/drugs. 对于条目 P8~P10，被访谈者可能已处在酒精或毒品的影响下。		
P8. Experienced trouble controlling violent behavior including episodes of rage, or violence? 觉得难以控制自己的暴力行为，包括愤怒或暴力的发作?	☐	☐
P9. Experienced serious thoughts of suicide? 有严重的自杀观念? • Patient seriously considered a plan for taking his/her life. 患者认真考虑过结束自己生命的计划。	☐	☐
P10. Attempted suicide? 自杀企图? • Include actual suicidal gestures or attempts. 包括实际的自杀姿势或自杀尝试。	☐	☐
P11. Been prescribed medication for any psychological or	☐	☐

emotional problems? 是否因心理或情绪问题而被开具处方药？

- Prescribed for the patient by MD. Record "Yes" if a medication was prescribed even if the patient is not taking it. 指由医生开具的处方。如果被开具了处方药，即使被访谈者没有服用，也要记录"有"。

(P12.) How many days in the past 30 have you experienced these psychological or emotional problems? 过去 30d 里，您有多少天经历了这些心理或情绪问题？ □□

- This refers to problems noted in Questions P4~P10. 这一项指的是记录在问题 P4~P10 中的问题。

For Questions P13-P14, ask the patient to use the Patient Rating scale.
对于问题 P13~P14，请对方使用被访谈者评定量表。

(P13.) How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?
过去 30d 里，您因为这些心理或情绪问题有多烦恼或多受扰？ □

- Patient should be rating the problem days from Question P12. 被访谈者应该是对问题 P12 中有问题的时期进行评定。

(P14.) How important to you *now* is treatment for these psychological or emotional problems? 现在对这些心理或情绪问题进行治疗对您有多重要？

CONFIDENCE RATINGS 可靠度评定

Is the above information <u>significantly</u> distorted by: 以上信息有无因以下情况而被<u>明显</u>歪曲？

(P22.) Patient's misrepresentation? 被访谈者的误述？
0—No 否 1—Yes 是 □

(P23.) Patient's inability to understand? 被访谈者无法理解？
0—No 否 1—Yes 是 □

PSYCHIATRIC STATUS COMMENTS 精神健康状况注释

(Include question number with your notes)（您记录时应包括问题编号）

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____

____

附　　录

ASI 评定说明

本量表为主要用于评估药物依赖人群的成瘾严重程度和疗效，在不同的文化背景下都有良好的信度和效度。ASI 研究用中文版从 6 个维度评估阿片类药物依赖者的严重程度，较同类量表比较更为系统和全面。赵敏等对 ASI 研究用中文版的初步研究结果证实其有较好的效度和信度，可作为中国阿片类药物依赖人群的成瘾严重程度评估工具。

包括 7 个维度。

一次访谈需 50~60min 的时间。

评定注意事项如下：

1. 每个条目都有时间段的限制，多数问题是指过去 30d 情况，有些问题是调查终身和目前情况，访谈时应向被访谈者说明清楚，减少误差。

2. 药物使用者所使用的药物一些属于非法药物，为违法行为，被访谈者出于自我保护意识，可能存在有意隐瞒情况，测试时应向被访谈者说明测试的目的和意义，争取对方的信任和合作，提高可信度。

3. 打圈的条目在随访中必问。

4. 有星号的条目可以累积到随访时作修改。

5. 双边框的灰色方块中的条目是给访谈者的问题。不要问被访谈者这些问题。

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二、阿片类药物依赖稽延性戒断症状评定量表

阿片类药物依赖稽延性戒断症状评定量表（Item Rating Scale for Protracted Withdrawal Symptoms of Heroin Addicts）

项目名称	程度				
	没有	轻度	中度	重度	极重
1. 感到心慌	0	1	2	3	4
2. 感到全身有说不出的难受	0	1	2	3	4
3. 感到手和脚怎么放都不舒服	0	1	2	3	4
4. 感到肌肉或关节疼痛	0	1	2	3	4
5. 感到全身没力气	0	1	2	3	4
6. 感到烦躁不安	0	1	2	3	4
7. 感到孤独	0	1	2	3	4
8. 对一切都不感兴趣	0	1	2	3	4
9. 常因一点小事发脾气	0	1	2	3	4
10. 睡眠不好时便想吸	0	1	2	3	4

（续表）

项目名称	程度				
	没有	轻度	中度	重度	极重
11. 没有毒品便度日如年	0	1	2	3	4
12. 心里老是想着吸一口	0	1	2	3	4
13. 心里烦闷时就想吸	0	1	2	3	4
14. 看见与毒品有关的人或事就想吸	0	1	2	3	4
15. 想到与毒品相关的人或事便想吸	0	1	2	3	4
16. 感到睡眠不足	0	1	2	3	4
17. 晚上入睡困难	0	1	2	3	4
18. 睡眠很浅，中途容易醒来	0	1	2	3	4
19. 早上醒得太早	0	1	2	3	4
总分					

附　　录

阿片类药物依赖稽延性戒断症状评定量表评定说明

本量表主要用于评定阿片类药物依赖者的稽延性戒断症状严重程度和疗效。

包括19个条目，包括躯体症状、情绪症状、渴求症状、睡眠障碍这四个方面症状，条目1~5评定躯体症状的严重程度，条目6~9评定情绪症状的严重程度，条目10~15评定渴求症状的程度，条目16~19评定睡眠障碍的损害程度。评分为0~4分共5级。

评定方法分为自评或访谈，要求药物依赖者有基本的文字理解能力及语言表达能力。一次访谈评定需15~20min的时间。

评定时注意事项如下：

1. 本量表仅适用于阿片类依赖者，不适合尚未发生依赖的阿片类药物使用者。

2. 本量表内容涉及非法药物使用等敏感问题，填写前需要向受检者说明其目的、意义及填写要求，并请被访谈者仔细阅读每一条项目，做出回答，确保资料的真实性。

3. 评定的时间范围：评定在阿片类药物成瘾者稽延期进行，主要用于评定对阿片类药物依赖者急性脱毒2周后存在的稽延性戒断症状的严重程度，也可根据研究内容的需要自行设定，如评定脱毒后1个月、3个月内等时期。

统计指标分单项分、因子分和总分三项：

1. 单项分：分数高低与各项条目的严重程度成正相关。

2. 因子分：包含躯体症状、情绪症状、渴求症状、睡眠障碍四个因子分。

3. 总分：即各单项分之和，分数越高，表示稽延性戒断症状越严重。

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第十二节 其他症状量表

一、不安腿综合征评定量表(RLS-6)

不安腿综合征评定量表(RLS-6 Rating Scales,RLS-6)

请根据最近 7 个白天或夜晚的情况回答下列问题：

1. 您对最近 7 个晚上的睡眠质量满意程度如何？

完全满意										完全不满意
□0	□1	□2	□3	□4	□5	□6	□7	□8	□9	□10

在最近 7 个夜晚或白天,您的不安腿综合征症状在下列情况时的严重程度如何？

2. 睡眠时

无	非常轻微									非常严重
□0	□1	□2	□3	□4	□5	□6	□7	□8	□9	□10

3. 在夜间

无	非常轻微									非常严重
□0	□1	□2	□3	□4	□5	□6	□7	□8	□9	□10

4. 在白天休息时(坐位,卧位)

无	非常轻微									非常严重
□0	□1	□2	□3	□4	□5	□6	□7	□8	□9	□10

5. 在白天未休息而从事活动时(步行、工作、做作业、闲暇活动)

无	非常轻微									非常严重
□0	□1	□2	□3	□4	□5	□6	□7	□8	□9	□10

6. 在最近 7 个白天,您(从早晨起床到夜间就寝前)的疲劳或困倦程度如何?

一点也不	有一点									非常严重
□0	□1	□2	□3	□4	□5	□6	□7	□8	□9	□10

附　录

RLS-6 Rating Scales 评定说明

本量表主要用于评定不安腿综合征患者的症状严重程度和疗效。

包括 6 个条目,评分为 0~10 分共 11 级。

参 考 文 献

Kohnen R, Oertel WH, Stiasny-Kolster K, et al. Severity rating of Restless Legs Syndrome: Review of ten years experience with the RLS-6 scales in clinical trials. American Professional Sleep Societies (APSS). Sleep, 2003, 15: A342.

二、国际不安腿综合征研究小组RLS严重程度量表(IRLS)

国际不安腿综合征研究小组RLS严重程度量表(The IRLSSG Rating Scale,IRLS)

请患者按照下列 10 个问题对其症状进行评分。由患者本人而非检查者进行评分,但检查者应能够就患者对问题的任何不理解之处进行解释。由检查者将患者的答案标记在表格上。

在刚过去的 1 周…

1. 总体上,您对自己下肢或上肢的不安腿综合征不适症状如何评价?

极重度 …………………………………… 4 □
重度 …………………………………… 3 □
中度 …………………………………… 2 □
轻度 …………………………………… 1 □
无 …………………………………… 0 □

在刚过去的 1 周…

2. 总体上,您对自己因不安腿综合征症状而需要走动如何评价?

极重度 …………………………………… 4 □
重度 …………………………………… 3 □
中度 …………………………………… 2 □
轻度 …………………………………… 1 □
无 …………………………………… 0 □

在刚过去的 1 周…

3. 总体上，走动使您的上肢或下肢不安腿综合征症状缓解的程度如何？

无缓解 …………………………………………………………………… 4 □
轻度缓解 ………………………………………………………………… 3 □
中度缓解 ………………………………………………………………… 2 □
完全或几乎完全缓解 …………………………………………………… 1 □
无需要缓解的不安腿综合征症状 ……………………………………… 0 □

在刚过去的 1 周…
4. 由于不安腿综合征的症状而导致您睡眠障碍的严重程度如何？

极重度 …………………………………………………………………… 4 □
重度 ……………………………………………………………………… 3 □
中度 ……………………………………………………………………… 2 □
轻度 ……………………………………………………………………… 1 □
无 ………………………………………………………………………… 0 □

在刚过去的 1 周…
5. 由于不安腿综合征的症状而导致您白天疲倦或嗜睡的严重程度如何？

极重度 …………………………………………………………………… 4 □
重度 ……………………………………………………………………… 3 □
中度 ……………………………………………………………………… 2 □
轻度 ……………………………………………………………………… 1 □
无 ………………………………………………………………………… 0 □

在刚过去的 1 周…
6. 您不安腿综合征的总体严重程度如何？

极重度 …………………………………………………………………… 4 □
重度 ……………………………………………………………………… 3 □
中度 ……………………………………………………………………… 2 □
轻度 ……………………………………………………………………… 1 □
无 ………………………………………………………………………… 0 □

在刚过去的 1 周…
7. 您不安腿综合征症状出现的频率如何？

非常常见(指每周有 6~7d 发生) ……………………………………… 4 □
常见(指每周有 4~5d 发生) …………………………………………… 3 □
有时(指每周有 2~3d 发生) …………………………………………… 2 □
偶尔(指每周有 1d 发生) ……………………………………………… 1 □
从不 ……………………………………………………………………… 0 □

在刚过去的 1 周…

8. 当您出现不安腿综合征的症状时,其平均严重程度如何?

极重度(指每日 24h 中有 8h 或以上有症状) ………… 4 □

重度(指每日 24h 中有 3~8h 有症状) ………… 3 □

中度(指每日 24h 中有 1~3h 有症状) ………… 2 □

轻度(指每日 24h 中有症状的时间<1h) ………… 1 □

无 ………… 0 □

在刚过去的 1 周…

9. 总体上,您的不安腿综合征症状对您所从事的日常事务如享有满意的家庭、社会、学校或工作产生影响的严重程度如何?

极重度 ………… 4 □

重度 ………… 3 □

中度 ………… 2 □

轻度 ………… 1 □

无 ………… 0 □

在刚过去的 1 周…

10. 由于不安腿综合征的症状而导致您情绪障碍,如愤怒、抑郁、悲伤、焦虑或易怒的严重程度如何?

极重度 ………… 4 □

重度 ………… 3 □

中度 ………… 2 □

轻度 ………… 1 □

无 ………… 0 □

►*IRLS 总评分(1~10 项单项记分的总和)________________ (仅由研究者计算)*

附　　录

IRLS 评定说明

本量表主要用于评定不安腿综合征患者的症状严重程度和疗效。

包括 10 个条目,评分为 0~4 分共 5 级。

评定过去 1 周的情况。

参 考 文 献

Walters AS, LeBrocq C, Dhar A, et al. International Restless Legs Syndrome Study Group. Validation of the International Restless Legs Syndrome Study Group rating scale for restless legs syndrome. Sleep Med, 2003, 4(2): 121-132.

三、疼痛视觉模拟量表(VAS)

疼痛视觉模拟量表(The Visual Analogue Scale，VAS)

请在直线上垂直划线标出最能代表您疼痛程度的相应位置。

无痛 ———————————————————————— 难以忍受的最剧烈疼痛
0　　　　　　　　　　　　　　　　　　　　　　　　10

附　　录

VAS 评定说明

本量表主要用于评定疼痛障碍患者的症状严重程度和疗效。

参 考 文 献

Carlsson AM. *Assessment of chronic pain*. I. Aspects *of* the reliability and validity *of* the visual analogue scale, Pain. 1983, 16(1): 87-101.

第二章　功能评估量表

第一节　个人和社会功能量表(PSP)

个人和社会功能量表(Personal and Social Performance Scale,PSP)

PSP-WORKSHEET　PSP 工作表

Please rate the patient on his/her level of functioning during the **past month**. 请对患者上 1 个月的功能水平评分。

There are 4 main domains of functioning considered in this scale: 本量表考察四个主要领域的功能:

	Absent 无	Mild 轻微	Manifest 明显	Marked 显著	Severe 严重	Very Severe 非常严重
a) socially useful activities; including work and study 对社会有益的活动;包括工作和学习	□	□	□	□	□	□
b) personal and social relationships 个人关系和社会关系	□	□	□	□	□	□
c) self-care 自理能力	□	□	□	□	□	□
d) disturbing and aggressive behaviours 扰乱和攻击性行为	□	□	□	□	□	□

- Self-care 自我照料
    - Bathing/showering 洗澡、淋浴
    - Washing hair 洗头

- Brushing teeth 刷牙
    - Changing clothes 换衣服
    - Taking medication 服药
    - Eating 吃饭
- Socially useful activities 有益社会的活动
    - Work or school 上班或上学
    - Household chores 做家务活
    - Volunteer work or group activities 志愿者工作或团体活动
- Personal & social relationships 人际和社会关系
    - Partner, family, and/or friends 配偶,亲属,和(或)朋友
    - Support system outside of treatment 治疗以外的支持系统
- Disturbing and aggressive behavior 干扰和攻击行为
    - Speaking too loudly, cursing, verbal threats 讲话太大声,咒骂,言语威胁
    - Breaking or throwing objects, fighting 打坏或扔物品,打架
    - Making threats to harm self or others 扬言伤害自己或他人

There are two different sets of operational criteria to judge the degree of difficulties: 采用两套不同的操作标准评定严重度:

One for the a-c areas and one specific to the d area. 一套是对 a~c 方面,一套只对 d 方面。

Degrees of severity areas a-c

a~c 方面的严重程度

(i) Absent 无

(ii) Mild: known only to someone who is very familiar with the person 轻度:只有非常熟悉患者本人的人才知道

(iii) Manifest: difficulties clearly noticeable by everyone, but not interfering substantially with the person's ability to perform his/her role in that area, given the person's socio-cultural context, age, sex and educational levels 明显:每个人都清楚看出患者有问题,但考虑到其社会文化背景、年龄、性别和教育程度,则未明显妨碍其在那个领域内执行其功能的能力

(iv) Marked: difficulties interfering heavily with role performance in that area; however, the person is still able to do somthing without professional or social

Degrees of severity areas d

d 方面的严重程度

(i) Absent 无

(ii) Mild: corresponding to mild rudeness, unsociability or whingeing 轻度:对应表现为轻度无礼,不善社交,或抱怨不止

(iii) Manifest: such as speaking too loudly or speaking to others in a too-familiar manner or eating in a socially unacceptable manner 明显:比如说话过于大声或用过于放肆的态度对他人说话,或进餐方式不合社交礼仪

(iv) Marked: insulting others in public, breaking or wrecking objects, acting frequently in a socially inappropriate but not dangerous way (e.g., stripping or urinating

help, although inadequately and/or occasionally; if helped by someone, he/she may be able to reach the previous level of functioning 显著：问题已严重妨碍患者在那个领域内功能的执行，但是，没有专业人士或社会的帮助，患者还能做些事，尽管不到位和（或）偶尔为之；如果有人协助，他（她）可能会达到以前的功能水平

（v）Severe: difficulties that make the person unable to perform any role in that area, if not professionally helped, or lead the person to a destructive role, however, there are no survival risks 严重：如果没有专业人士帮助的话，问题已使患者不能在那个领域内执行任何功能；或已使患者只能扮演破坏性的角色，但是，没有生存危险

（vi）Very Severe: impairments and difficulties of such intensity to endanger the person's survival 极严重：功能损害和问题严重到已危及患者的生存

in public）显著：在公众场合侮辱他人，打坏或损坏物品，经常出现不妥的社交行为但不具危险性（如当众脱衣服或小便）

（v）Severe: frequent verbal threats or frequent physical assaults, without intention or possibility to severe injuries 严重：经常性的言语威胁或经常性的身体攻击，没有打算或不可能进行严重伤害

（vi）Very Severe: defined as frequent aggressive acts, aimed at or likely to cause severe injuries 极严重：经常采取攻击性行为，目的是引起或可能引起严重伤害

Guidelines for PSP total score PSP 总评分指南

71~100: These ratings reflect only mild difficulties 这一档评分反映了只存在轻度困难

31~70: These ratings reflect varying degrees of disability 这一档评分反映了不同程度的功能障碍

1~30: These ratings reflect functioning so poor that the patient requires intensive support or supervision 这一档评分反映了功能障碍导致患者需要加强支持或监管

PSP-SCORING GUIDELINES PSP 评分指南

100~91 Excellent functioning in all four main areas. He/she is held in high consideration for his/her good qualities, copes adequately with life problems, is involved in a wide range of interests and activities 在四个主要方面功能优良。被评定人的良好素质得到较高评价，有能力恰当处理生活中的问题，兴趣广泛且参与的活动众多

90~81 Good functioning in all four main areas, presence of only common problems or difficulties 在所有四个主要方面功能良好，仅存在常见的问题或困难

80~71 Mild difficulties in one or more of areas **a-c** 在 **a~c** 三个方面中的一个或更多方面存在轻微的困难

70-61 Manifest, but not marked difficulties in one or more areas **a-c** or mild difficul-

ties in **d** 在 **a~c** 三个方面中的一个或更多方面存在明显但不显著的困难，或者在 **d** 方面存在轻微困难

60~51　Marked difficulties in one of areas **a-c**, or manifest difficulties in **d** 在 **a~c** 三个方面中的一个方面存在显著困难,或者在 **d** 方面存在明显困难

50~41　Marked difficulties in two or more,　or severe difficulties in one of areas **a-c**, with or without manifest difficulties in **d**　在 **a~c** 三个方面中的两个及两个以上方面存在显著困难,或在这三个方面中的一个方面存在严重困难,同时在 **d** 方面存在或不存在明显困难

40~31　Severe difficulties in one and marked difficulties in at least one of areas **a-c**,　or marked difficulties in **d**　在 **a~c** 三个方面中的一个方面存在严重困难,且在这三个方面中至少一个方面存在显著困难,或者在 **d** 方面存在显著困难

30~21　Severe difficulties in two of areas **a-c**, or severe difficulties in **d**, with or without impairment in areas **a-c**　在 **a~c** 三个方面中的两个方面存在严重困难,或者在 **d** 方面存在严重困难,同时在 **a~c** 三个方面存在或不存在功能缺陷

20~11　Severe difficulties in all areas **a-c** or very severe in **d** with or without impairment in general areas **a-c**. If the person reacts to external prompts, the suggested scores are 20-16; if not, the suggested scores are 15-11. 在 **a~c** 的所有方面存在严重困难,或者在 **d** 方面存在非常严重的困难,同时在 **a~c** 三个方面普遍存在或不存在功能缺陷。如果被评定人对外部提示作出反应,建议给予评分为 20~16;如果未作出反应,则建议给予评分为 15~11。

10~1　Lack of autonomy in basic functioning with extreme behaviours but without survival risk（ratings 6-10）or with survival risk, e.g. death risk due to malnutrition, dehydration, infections, inability to recognize situations of manifest danger（ratings 5~1）. 缺乏基本功能方面的自理能力,伴随极端但无生存风险的行为(评分 6~10）,或伴随有生存风险的行为,例如由于营养不良、脱水、感染或不能识别明显危险情势等造成的死亡风险(评分 5~1)。

Score 评分□□□

	Absent 无	Mild 轻微	Manifest 明显	Marked 显著	Severe 严重	Very Severe 非常严重
DOMAINS a,b,c a,b,c领域	3 OF 3 3项全有 100~91					
	3 OF 3 3项全有 90~81					
		1 OR MORE 1项或更多 80~71				
		1 OR MORE 1项或更多 70~61				
		ONLY 1 OF 3 IS MARKED 3项中只有1项是显著的 60~51				
		2 OF 3 MARKED OR 1 SEVERE AND 0 MARKED 3项中有2项是显著的或1项是严重的且没有显著的 50~41		50~41	50~41	
				1 OF 2 2项中有1项 40~31	1 有1项 40~31	
					2 OF 3 3项中有2项 30~21	
					3 OF 3 3项全有 20~11	3 OF 3 3项全有 10~6 5~1
DOMAIN d d领域	AND且 100~91	NO无 80~71	OR或 60~51	NO无 50~41		OR或 20~11
	AND且 90~81	OR或 70~61	OR或 50~41	OR或 40~31	OR或 30~21	10~6 5~1

附 录

PSP 评定说明

本量表主要用于精神分裂症患者的总体功能状况和疗效。跨文化研究显示该量表的内部信度一致性好,α 系数为 0.87,重测信度系数为 0.98,每个条目的组内相关系数为 0.52~0.75,总分的组内相关系数为 0.75。

为结构性访谈工具。所有问题均与行为及功能有关。评估每部分的严重程度:独立完成>需口头提醒>需别人协助>完全靠别人完成。

单项 100 分,以 10 分为一个评分等级。

评估过去 1 个月内的行为。

一次访谈评定需 10min 左右的时间。

评定注意事项:

1. 不评估自杀风险和行为,但评价由此造成的功能损害。

2. 若患者与照料者不一,以照料者为准。

3. 避轻就重。

4. d 项评分注意:

(1) 如果患者只是偶尔出现扰乱及攻击行为(在所询问的时间范围内只发生过 1~2 次,并且专业人员认为在未来 6 个月内可能不会再发生),评分要降低一级。

(2) frequently 的定义:在所询问的时间范围内出现 3 次或 3 次以上的相关行为,或者次数虽然少于 3 次,但评估者根据患者所处的环境以及过去的行为表现,认为在未来 6 个月内有可能再出现类似行为。

5. Interpreting Scores on the PSP Scale 解释 PSP 量表评分结果。

71~100	Mild to no difficulties 轻度困难到无困难 Only known to those familiar with the person 只有那些熟悉患者的人知道
31~70	Varying degrees of difficulty 不同的困难程度 61~70: Difficulties noticeable to everyone, but not interfering with ability to perform role 每个人都能看见的困难,但不妨碍执行功能的能力 51~60: Difficulties interfering with role, needs help to perform 困难已妨碍功能,需要帮助才能执行 41~50: Difficulties interfering heavily with role, not able to perform certain tasks 困难已严重妨碍功能,不能执行某些任务 31~40: Severe difficulties, especially severe difficulties in disturbing and aggressive behaviors 严重困难,特别是在干扰和攻击行为方面有严重问题
0~30	Functioning requiring intensive support or supervision 需要加强支持或监管才可执行功能

参 考 文 献

1. Morosini PL, Magliano L, Brambilla L, et al. Morosiri PL et al. Development, reliability and acceptability of a new version of the DSM-Ⅳ Social and Occupational Functioning Assessment Scale (SOFAS) to assess routine social functioning. Acta Psychiatr Scand,

2000, 101(4): 323-329.
2. Garcia-Portilla MP, Saiz PA, Bousoño M, et al. Validation of the Spanish Personal and Social Performance scale (PSP) in outpatients with stable and unstable schizophrenia, 2011 Jan; 4(1): 9-18.

第二节　功能大体评定量表(GAF)

功能大体评定量表(Global Assessment of Functioning Scale, GAF)

Consider psychological, social, and occupational functioning on a hypothetical continuum (1-100) of mental health-illness. Do not include impairment in fonctioning due to physical (or environmental) limitations. 假定精神疾病与健康属于一个连续过程(1~100 分),评定受试者心理、社会和职业功能。不包括由躯体(或环境)的缺陷所致的功能损害。

CODE　(Note: Use intermediate codes when appropriate, e.g., 45, 68, 72.)
代码　(注意:在适当的时候使用中间代码,如 45,68,72。)

91~100　Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms。很多方面的活动功能极佳,生活问题似乎从未失控,因为他/她具有许多积极的品质而被他人求助。无症状。

81~90　Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members). 没有症状或症状轻微(如临考前轻度焦虑),各方面功能良好,对很多活动均有兴趣并能参加,社交能力强,对生活普遍满意,仅有一些日常问题或烦恼(如偶与家人争执)。

71~80　If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family arguments); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in schoolwork). 如果存在症状,也是对心理社会刺激产生的短暂而预料中的反应(如与家人争执后出现注意力不集中)。社会、职业或学习能力仅有轻微损害(如一时学习落后)。

61~70　Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships. 存在一些轻度症状(如抑郁心境和轻度失眠)或是社

交、职业或学习能力有些困难(如偶尔逃学、或在家行窃),但一般能力良好,保持着一些有意义的人际关系。

51~60 Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational or school functioning (e.g., few friends, conflicts with peers or co-workers). 存在中度症状(如情感平淡和言语冗长、偶有惊恐发作)或是社交、职业或学习能力中度损害(如几乎没有朋友、与同行或同事有冲突)。

41~50 Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job). 存在严重症状(如自杀意念、严重的强迫性仪式动作、频繁入店行窃)或是社交、职业或学习能力严重损害(如没有朋友、不能保持一份工作)。

31~40 Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking or mood (e.g., depressed person avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school). 现实检验或语言交流有些损害(如常常言语缺乏逻辑性、概念模糊或前后不连贯)或是在几个方面如工作或学习、家庭关系、判断、思维或心境有严重损害(如抑郁者回避朋友、忽视家庭或不能工作。儿童经常打较幼者,在家挑衅并逃学)。

21~30 Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day; no job, home or friends). 行为明显受妄想或幻觉的影响或是言语交流或判断有严重损害(如有时语无伦次,行为明显不适当,自杀先占观念)或是几乎所有方面的功能均丧失(如整日卧床。没有工作、家庭或朋友)。

11~20 Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death; frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute). 有伤害自己或他人的危险(如无明确致死期望的自杀企图;频繁暴力;躁狂性兴奋)或有时不能维持起码的个人卫生(如乱涂粪便)或是言语交流明显受损(如明显言语不连贯或缄默)。

1~10 Persistent danger of severely hurting self or others (e.g., recurrent violence) OR

persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death. 持续存在严重伤害自己或他人的危险(如反复出现的暴力)或是长期不能维持起码的个人卫生或是有明确致死期望的严重自杀行为。

0 Inadequate lnformation. 信息不充分。

附　　录

GAF 评定说明

本量表 GAF 是医生评定工具，包括在《精神障碍诊断和统计手册，第 4 版(DSM-Ⅳ)》第 32 页,在轴 V 的 GAF 评分反映了“目前的功能水平”,主要用于评定精神分裂症患者的整体功能水平。这一信息对计划性治疗是有用的,可以评估它的作用并预测预后,可提供对个体的心理、社会和职业功能的标准化评估,假定精神疾病与健康属于一个连续过程。

评分标准:量表值范围从 1 代表理论上功能缺陷最严重的个体,到 100 代表理论上最健康的个体;共 10 个主要类别,适当时使用中间的代码(如 45、68、72)。每个分数范围的描述有 2 个组成部分:第 1 部分涉及症状的严重程度,第 2 部分涉及功能。单个的数字代表了最后的评分。为了在 10 个等分范围内选择特定的量表评分,需明确相邻 2 个等分值被定义的特征,以便决定受试者更接近于这个还是那个。用 0 分表示“信息不充分”。

评分操作:每次评分从最高的一级开始,判断受试者的症状严重度或功能水平比该级描述的要求要差,评分逐级往下直到该级与受试者症状严重度或受试者功能水平的匹配达到最好。若严重度处在症状和功能之间,则取更重的那个。看下一个低一级的级别以明确患者的症状严重度或功能水平都不符合这一类别,这一级对症状严重度和功能水平来说都应该是太重了。在 10 分的评分范围内明确特定的 GAF 评分,考虑受试者的功能是在所描述的 10 分范围的高限还是低限。

参 考 文 献

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2. 张明园. 精神科评定量表手册. 长沙:湖南科学技术出版社. 1993, 149~151.

第三节　SF-36健康调查简表(SF-36)

SF-36健康调查简表(SF-36 Short Form Health Survey,SF-36)

These first questions are about your health now and your current daily activities. 首先提的这些问题是关于您现在的健康状况和您目前的日常活动。

Please try to answer every question as accurately as you can. 请您尽可能准确地回答每个问题。

1. In general, would you say your health is [READ RESPONSE CHOICES] 总体来讲，您评价您的健康状况是【读一下备选回答】

(Circle one number)(圈一个答案)

1. Excellent 非常好
2. Very good 很好
3. Good 好
4. Fair 一般
5. Poor 差

2. Compared to one week ago, how would you rate your health in general now? Would you say it is [READ RESPONSE CHOICES] 跟1周前比，您如何评价您现在的总体健康状况？您认为它是【读一下备选回答】

(Circle one number)(圈一个答案)

1. Much better now than one week ago 现在比1周前好多了
2. Somewhat better now than one week ago 现在比1周前好一些
3. About the same as one week ago 现在跟1周前差不多
4. Somewhat worse now than one week ago 现在比1周前差一些
5. Much worse now than one week ago 现在比1周前差多了

Now I'm going to read a list of activities that you might do during a typical day. 现在我要读一份您可能在日常生活中具有代表性活动的清单。

As I read each item, please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in these activities. 当我读每一项时，请您告诉我：您现在的健康状况在这些活动中是否对您限制很大、有点限制还是毫无限制。

3a. First, vigorous activities, such as running, lifting heavy objects, participating in strenuous sports. Does your health now limit you a lot, limit you a little, or not limit you at all? [READ RESPONSE CHOICES] 首先是，重体力活动，如跑步、提举重的物品、参加剧烈运动。您现在的健康状况对您限制很大、有点限制还是毫无限制？【读一下备选回答】

[IF RESPONDENT SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?]【如果受试者回答她/他不参加活动，则追问：那是因为您的健康状况吗？】

(Circle one number)(圈一个答案)

1. Yes, limited a lot 是的，限制很大
2. Yes, limited a little 是的，有点限制
3. No, not limited at all 不，毫无限制

3b. ...moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf. Does your health now limit you a lot, limit you a little, or not limit you at all? [READ RESPONSE CHOICES] 适度的活动，如移动一张桌子、推吸尘器、打保龄球或打

高尔夫球。您现在的健康状况对您限制很大、有点限制还是毫无限制?【读一下备选回答】

[IF RESPONDENT SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?]【如果受试者回答她/他不参加活动,则追问:那是因为您的健康状况吗?】

(Circle one number)(圈一个答案)

1. Yes, limited a lot 是的,限制很大
2. Yes, limited a little 是的,有点限制
3. No, not limited at all 不,毫无限制

3c. ...lifting or carrying groceries. Does your health now limit you a lot, limit you a little, or not limit you at all? [READ RESPONSE CHOICES] 手提或携带日用品。您现在的健康状况对您限制很大、有点限制还是毫无限制?【读一下备选回答】

[IF RESPONDENT SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?]【如果受试者回答她/他不参加活动,则追问:那是因为您的健康状况吗?】

(Circle one number)(圈一个答案)

1. Yes, limited a lot 是的,限制很大
2. Yes, limited a little 是的,有点限制
3. No, not limited at all 不,毫无限制

3d. ...climbing several flights of stairs. Does your health now limit you a lot, limit you a little, or not limit you at all? [READ RESPONSE CHOICES] 爬几层楼梯。您现在的健康状况对您限制很大、有点限制还是毫无限制?【读一下备选回答】

[IF RESPONDENT SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?]【如果受试者回答她/他不参加活动,则追问:那是因为您的健康状况吗?】

(Circle one number)(圈一个答案)

1. Yes, limited a lot 是的,限制很大
2. Yes, limited a little 是的,有点限制
3. No, not limited at all 不,毫无限制

3e. ...climbing one flight of stairs. Does your health now limit you a lot, limit you a little, or not limit you at all? [READ RESPONSE CHOICES] 爬一层楼梯。您现在的健康状况对您限制很大、有点限制还是毫无限制?【读一下备选回答】

[IF RESPONDENT SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?]【如果受试者回答她/他不参加活动,则追问:那是因为您的健康状况吗?】

(Circle one number)(圈一个答案)

1. Yes, limited a lot 是的,限制很大
2. Yes, limited a little 是的,有点限制
3. No, not limited at all 不,毫无限制

3f. ...bending, kneeling, or stooping. Does your health now limit you a lot, limit you a

little, or not limit you at all? [READ RESPONSE CHOICES] 屈身、屈膝或弯腰。您现在的健康状况对您限制很大、有点限制还是毫无限制?【读一下备选回答】

[IF RESPONDENT SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?]【如果受试者回答她/他不参加活动,则追问:那是因为您的健康状况吗?】

(Circle one number) (圈一个答案)

1. Yes, limited a lot 是的,限制很大
2. Yes, limited a little 是的,有点限制
3. No, not limited at all 不,毫无限制

3g. ...walking more than a mile. Does your health now limit you a lot, limit you a little, or not limit you at all? [READ RESPONSE CHOICES] 步行1英里(1.6km)以上的路程。您现在的健康状况对您限制很大、有点限制还是毫无限制?【读一下备选回答】

[IF RESPONDENT SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?]【如果受试者回答她/他不参加活动,则追问:那是因为您的健康状况吗?】

(Circle one number) (圈一个答案)

1. Yes, limited a lot 是的,限制很大
2. Yes, limited a little 是的,有点限制
3. No, not limited at all 不,毫无限制

3h. ...walking several hundred yards. Does your health now limit you a lot, limit you a little, or not limit you at all? [READ RESPONSE CHOICES] 步行几百码的路程。您现在的健康状况对您限制很大、有点限制还是毫无限制?【读一下备选回答】

[IF RESPONDENT SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?]【如果受试者回答她/他不参加活动,则追问:那是因为您的健康状况吗?】

(Circle one number) (圈一个答案)

1. Yes, limited a lot 是的,限制很大
2. Yes, limited a little 是的,有点限制
3. No, not limited at all 不,毫无限制

3i. ...walking one hundred yards. Does your health now limit you a lot, limit you a little, or not limit you at all? [READ RESPONSE CHOICES] 步行100码(约91m)的路程。您现在的健康状况对您限制很大、有点限制还是毫无限制?【读一下备选回答】

[IF RESPONDENT SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?]【如果受试者回答她/他不参加活动,则追问:那是因为您的健康状况吗?】

(Circle one number) (圈一个答案)

1. Yes, limited a lot 是的,限制很大
2. Yes, limited a little 是的,有点限制
3. No, not limited at all 不,毫无限制

3j. ...bathing or dressing yourself. Does your health now limit you a lot, limit you a little, or not limit you at all? [READ RESPONSE CHOICES] 自己洗澡或穿衣。您现在的健康状况对您限制很大、有点限制还是毫无限制?【读一下备选回答】

[IF RESPONDENT SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?]【如果受试者回答她/他不参加活动,则追问:那是因为您的健康状况吗?】

(Circle one number)(圈一个答案)

1. Yes, limited a lot 是的,限制很大
2. Yes, limited a little 是的,有点限制
3. No, not limited at all 不,毫无限制

The following four questions ask you about your physical health and your daily activities. 以下四个问题是问您有关您的身体健康状况和您的日常活动。

4a. During the past week, how much of the time have you had to cut down on the amount of time you spent on work or other daily activities as a result of your physical health? [READ RESPONSE CHOICES] 在过去1周里,您因为身体健康的原因而不得不减少了多少您花在工作或其他日常活动的时间?【读一下备选回答】

(Circle one number)(圈一个答案)

1. All of the time 所有时间
2. Most of the time 大部分时间
3. Some of the time 一部分时间
4. A little of the time 小部分时间
5. or None of the time? 或没有时间?

4b. During the past week, how much of the time have you accomplished less than you would like as a result of your physical health? [READ RESPONSE CHOICES] 在过去1周里,您因为身体健康的原因而有多少时间只能完成一部分您本来想要做的事情?【读一下备选回答】

(Circle one number)(圈一个答案)

1. All of the time 所有时间
2. Most of the time 大部分时间
3. Some of the time 一部分时间
4. A little of the time 小部分时间
5. or None of the time? 或没有时间?

4c. During the past week, how much of the time were you limited in the kind of work or other regular daily activities you do as a result of your physical health? [READ RESPONSE CHOICES] 在过去1周里,您因为身体健康的原因而有多少时间您的工作或您从事的其他日常活动的种类受到限制?【读一下备选回答】

(Circle one number)(圈一个答案)

1. All of the time 所有时间
2. Most of the time 大部分时间
3. Some of the time 一部分时间
4. A little of the time 小部分时间
5. or None of the time? 或没有时间?

4d. During the past week, how much of the time have you had difficulty performing work or other regular daily activities as a result of your physical health, for example, it took extra effort? [READ RESPONSE CHOICES] 在过去1周里,您因为身体健康的原因而有多少时间完成工作或其他日常活动有困难,比如,需要额外的努力?【读一下备选回答】

(Circle one number)(圈一个答案)

1. All of the time 所有时间
2. Most of the time 大部分时间
3. Some of the time 一部分时间
4. A little of the time 小部分时间
5. or None of the time? 或没有时间?

The following three questions ask about your emotions and your daily activities. 以下三个问题是问您有关您的情绪和您的日常活动。

5a. During the past week, how much of the time have you had to cut down on the amount of time you spent on work or regular daily activities as a result of any emotional problems, such as feeling depressed or anxious? [READ RESPONSE CHOICES] 在过去1周里,您因为任何情绪问题的原因,如感到压抑或忧虑而不得不减少了多少您花在工作或日常活动的时间?【读一下备选回答】

(Circle one number)(圈一个答案)

1. All of the time 所有时间
2. Most of the time 大部分时间
3. Some of the time 一部分时间
4. A little of the time 小部分时间
5. or None of the time? 或没有时间?

5b. During the past week, how much of the time have you accomplished less than you would like as a result of any emotional problems, such as feeling depressed or anxious? [READ RESPONSE CHOICES] 在过去1周里,您因为任何情绪问题的原因,如感到压抑或忧虑而有多少时间只能完成一部分您本来想要做的事情?【读一下备选回答】

(Circle one number)(圈一个答案)

1. All of the time 所有时间

2. Most of the time 大部分时间
3. Some of the time 一部分时间
4. A little of the time 小部分时间
5. or None of the time? 或没有时间?

5c. During the past week, how much of the time did you do work or other regular daily activities less carefully than usual as a result of any emotional problems, such as feeling depressed or anxious? [READ RESPONSE CHOICES] 在过去1周里,您因为任何情绪问题的原因,如感到压抑或忧虑而有多少时间工作或从事其他日常活动不如平时仔细?【读一下备选回答】

(Circle one number)(圈一个答案)
1. All of the time 所有时间
2. Most of the time 大部分时间
3. Some of the time 一部分时间
4. A little of the time 小部分时间
5. or None of the time? 或没有时间?

6. During the past week, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? Has it interfered... [READ RESPONSE CHOICES] 在过去1周里,您的身体健康或情绪问题在多大程度上影响了您与家人、朋友、邻居或集体的正常社会交往?影响程度为……【读一下备选回答】

(Circle one number)(圈一个答案)
1. Not at all 完全没有影响
2. Slightly 有一点影响
3. Moderately 中等影响
4. Quite a bit 影响很大
5. or Extremely? 或影响极大?

7. During the past week, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere... [READ RESPONSE CHOICES] 在过去1周里,您有身体疼痛影响了您的正常工作,包括家庭以外的工作和家务活两方面吗?影响程度为……【读一下备选回答】

(Circle one number)(圈一个答案)
1. Not at all 完全没有影响
2. Slightly 有一点影响
3. Moderately 中等影响
4. Quite a bit 影响很大
5. or Extremely? 或影响极大?

8. How much bodily pain have you had during the past week? Have you had... [READ RESPONSE CHOICES] 在过去 1 周里,您有什么程度的身体疼痛?疼痛程度为……【读一下备选回答】

(Circle one number)(圈一个答案)

1. None 无
2. Very Mild 很轻
3. Mild 轻度
4. Moderate 中度
5. Severe 严重
6. or Very Severe? 或非常严重?

9. During the past week, how much of the time has your physical health or emotional problems interfered with your social activities like visiting with friends or relatives? Has it interfered... [READ RESPONSE CHOICES] 在过去 1 周里,有多少时间您的身体健康或情绪问题影响了您的社交活动像跟朋友或亲戚叙谈?影响程度为……【读一下备选回答】

(Circle one number)(圈一个答案)

1. All of the time 所有时间
2. Most of the time 大部分时间
3. Some of the time 一部分时间
4. A little of the time 小部分时间
5. or None of the time? 或没有时间?

The next questions are about how you feel and how things have been with you during the past week. 接下去的问题是关于过去 1 周里您自己的感觉如何以及您周围的事物如何。

As I read each statement, please give me the one answer that comes closest to the way you have been feeling; is it all of the time, most of the time, some of the time, a little of the time, or none of the time? 当我读每一项陈述时,请给我一个最接近您感觉的回答。它是出现于所有时间、大部分时间、一部分时间、小部分时间还是没有时间?

10a. How much of the time during the past week...did you feel full of life? [READ RESPONSE CHOICES] 在过去 1 周里,有多少时间……您感到生活充实?【读一下备选回答】

(Circle one number)(圈一个答案)

1. All of the time 所有时间
2. Most of the time 大部分时间
3. Some of the time 一部分时间
4. A little of the time 小部分时间
5. None of the time 没有时间

10b. How much of the time during the past week... have you been very nervous? [[READ RESPONSE CHOICES] 在过去1周里,有多少时间……您感到很紧张?【读一下备选回答】

(Circle one number)(圈一个答案)

1. All of the time 所有时间
2. Most of the time 大部分时间
3. Some of the time 一部分时间
4. A little of the time 小部分时间
5. None of the time 没有时间

10c. How much of the time during the past week... have you felt so down in the dumps that nothing could cheer you up? [READ RESPONSE CHOICES ONLY IF NECESSARY] 在过去1周里,有多少时间……您感到情绪非常糟糕、没有什么事能使您高兴起来?【只在需要时读一下备选回答】

(Circle one number)(圈一个答案)

1. All of the time 所有时间
2. Most of the time 大部分时间
3. Some of the time 一部分时间
4. A little of the time 小部分时间
5. None of the time 没有时间

10d. How much of the time during the past week... have you felt calm and peaceful? [READ RESPONSE CHOICES ONLY IF NECESSARY] 在过去1周里,有多少时间……您感到平静和平和?【只在需要时读一下备选回答】

(Circle one number)(圈一个答案)

1. All of the time 所有时间
2. Most of the time 大部分时间
3. Some of the time 一部分时间
4. A little of the time 小部分时间
5. None of the time 没有时间

10e. How much of the time during the past week... did you have a lot of energy? [READ RESPONSE CHOICES ONLY IF NECESSARY] 在过去1周里,有多少时间……您感到精力充沛?【只在需要时读一下备选回答】

(Circle one number)(圈一个答案)

1. All of the time 所有时间
2. Most of the time 大部分时间
3. Some of the time 一部分时间
4. A little of the time 小部分时间
5. None of the time 没有时间

10f. How much of the time during the past week... have you felt downhearted and depressed? [READ RESPONSE CHOICES ONLY IF NECESSARY] 在过去1周里,有多少时间……您感到沮丧和情绪低落?【只在需要时读一下备选回答】

(Circle one number)(圈一个答案)

1. All of the time 所有时间
2. Most of the time 大部分时间
3. Some of the time 一部分时间
4. A little of the time 小部分时间
5. None of the time 没有时间

10g. How much of the time during the past week... did you feel worn out? [READ RESPONSE CHOICES ONLY IF NECESSARY] 在过去1周里,有多少时间……您感到筋疲力尽?【只在需要时读一下备选回答】

(Circle one number)(圈一个答案)

1. All of the time 所有时间
2. Most of the time 大部分时间
3. Some of the time 一部分时间
4. A little of the time 小部分时间
5. None of the time 没有时间

10h. How much of the time during the past week... have you been happy? [READ RESPONSE CHOICES ONLY IF NECESSARY]] 在过去1周里,有多少时间……您感到快乐?【只在需要时读一下备选回答】

(Circle one number)(圈一个答案)

1. All of the time 所有时间
2. Most of the time 大部分时间
3. Some of the time 一部分时间
4. A little of the time 小部分时间
5. None of the time 没有时间

10i. How much of the time during the past week... did you feel tired? [READ RESPONSE CHOICES ONLY IF NECESSARY] 在过去1周里,有多少时间……您感到疲劳?【只在需要时读一下备选回答】

(Circle one number)(圈一个答案)

1. All of the time 所有时间
2. Most of the time 大部分时间
3. Some of the time 一部分时间
4. A little of the time 小部分时间
5. None of the time 没有时间

These next questions are about your health and health-related matters. 接下去的问题是关于您的健康及和健康相关的事情。

Now, I'm going to read a list of statements. After each one, please tell me if it is definitely true, mostly true, mostly false, or definitely false. If you don't know, just tell me. 现在，我要读一份陈述清单。每读一项后，请告诉我它是绝对正确、大部分正确、大部分错误，还是绝对错误。如果您不知道，只需告诉我。

11a. I seem to get sick a little easier than other people. Would you say that's... [READ RESPONSE CHOICES] 我好像比别人容易生病。您认为这话……【读一下备选回答】

(Circle one number) (圈一个答案)

1. Definitely true 绝对正确
2. Mostly true 大部分正确
3. Don't know 不能肯定
4. Mostly false 大部分错误
5. Definitely false? 绝对错误？

11b. I am as healthy as anybody I know. Would you say that's... [READ RESPONSE CHOICES] 我跟我认识的人一样健康。您认为这话……【读一下备选回答】

(Circle one number) (圈一个答案)

1. Definitely true 绝对正确
2. Mostly true 大部分正确
3. Don't know 不能肯定
4. Mostly false 大部分错误
5. Definitely false? 绝对错误？

11c. I expect my health to get worse. Would you say that's... [READ RESPONSE CHOICES] 我认为我的健康状况在变坏。您认为这话……【读一下备选回答】

(Circle one number) (圈一个答案)

1. Definitely true 绝对正确
2. Mostly true 大部分正确
3. Don't know 不能肯定
4. Mostly false 大部分错误
5. Definitely false? 绝对错误？

11d. My health is excellent. Would you say that's... [READ RESPONSE CHOICES] 我认为我的健康状况非常好。您认为这话……【读一下备选回答】

(Circle one number) (圈一个答案)

1. Definitely true 绝对正确
2. Mostly true 大部分正确

3. Don't know 不能肯定

4. Mostly false 大部分错误

5. Definitely false? 绝对错误?

附　　录

SF-36 评定说明

本量表法文版的一项研究显示该量表具有良好的内部信度一致性,α 系数为 0.76~0.92。另一项在卒中人群中的研究也显示该量表的内部信度一致性好,α 系数>0.7。

1. Overview 总则

● Most frequently used generic measure of health-related functional status 最常见用于对健康相关功能状态的总体评价

● 36-item questionnaire 为 36 个条目的问卷

● Not used to collect adverse event information 不用于收集不良事件的信息

● Subjects experiencing mania may be unable to complete a reliable baseline for comparison 躁狂患者可能无法完成可靠的基线评定以作比较

2. Measure eight domains 评定 8 个领域

● Physical functioning 躯体功能

● Role-physical 躯体角色

● Bodily pain 身体疼痛

● General health 总体健康状况

● Vitality 精力

● Social functioning 社会功能

● Role-emotional 情感角色

● Mental health 精神卫生

3. Administration guidelines 使用指南

● **Introduce purpose:** completion is voluntary, but answering these questions provides a better understanding of the subject's general health and ability to do usual activities 介绍目的:完成评定是自愿的,但对这些问题的回答会有助于更好理解受试者的总体健康状况和完成日常活动的能力

—This information is as important as any other medical information 这一信息和任何医疗信息一样重要

● Encourage completion and emphasize importance of answers 鼓励受试者完成评定并强调回答的重要性

● No right or wrong answers 无正确回答或错误回答

● Subject should choose answers that are most like how they feel 受试者应选择最接近其感受的回答

● Read and repeat a question verbatim, do not interpret or explain a question 逐字逐句读并重复问题,不要翻译或解释问题

—Tell subject to answer a question based on what s/he thinks the question means 告诉

受试者根据她/他所以为问题的意思来回答问题

• If subject is having difficulty with response choices, gently guide the subject to respond in one of the pre-set categories by saying something like: 如果受试者对选择回答有困难，可稍稍指导其以设置类别中的一项来回答，可以这样对其说：

—"I know that it may be hard for you to think this way, but which of these categories most closely expresses what you are thinking of feeling." "我知道这样想对您可能有困难，但这些类别中哪一项最接近于您脑中的感觉。"

参考文献

1. Ware JE Jr, Sherbourne, CD. The MOS 36-Item Short-Form Health Survey (SF-36). 1. Conceptual framework and item selection. Medical Care, 1992, 30(6): 473-483.
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第四节　马萨诸塞州综合医院认知功能及身体功能问卷(MGH-CPFQ)

马萨诸塞州综合医院认知功能及身体功能问卷（Massachusetts General Hospital Cognitive and Physical Functioning Questionnaire，MGH-CPFQ）

a) How has your motivation/ interest/ enthusiasm been over the past month? 您在过去 1 个月内的动机、兴趣、积极性如何？

1	2	3	4	5	6
greater than normal	normal	minimally diminished	moderately diminished	markedly diminished	totally absent
高于正常	正常	轻微下降	中度下降	明显下降	完全丧失

b) How has your wakefulness/ alertness been over the past month? 您在过去 1 个月内的清醒度、机敏度如何？

1	2	3	4	5	6
greater than normal	normal	minimally diminished	moderately diminished	markedly diminished	totally absent
高于正常	正常	轻微下降	中度下降	明显下降	完全丧失

c) How has your energy been over the past month? 您在过去 1 个月内的体力如何？

1	2	3	4	5	6
greater than normal	normal	minimally diminished	moderately diminished	markedly diminished	totally absent
高于正常	正常	轻微下降	中度下降	明显下降	完全丧失

d) How has your ability to focus/ sustain attention been over the past month? 您在过去1个月内集中、保持注意力如何?

1	2	3	4	5	6
greater than normal	normal	minimally diminished	moderately diminished	markedly diminished	totally absent
高于正常	正常	轻微下降	中度下降	明显下降	完全丧失

e) How has your ability to remember/ recall information been over the past month? 您在过去1个月内的记忆、回忆的能力如何?

1	2	3	4	5	6
greater than normal	normal	minimally diminished	moderately diminished	markedly diminished	totally absent
高于正常	正常	轻微下降	中度下降	明显下降	完全丧失

f) How has your ability to find words been over the past month? 您在过去1个月内的语言表达能力如何?

1	2	3	4	5	6
greater than normal	normal	minimally diminished	moderately diminished	markedly diminished	totally absent
高于正常	正常	轻微下降	中度下降	明显下降	完全丧失

g) How has your sharpness/ mental acuity been over the past month? 您在过去1个月内的敏捷度、精神敏锐度如何?

1	2	3	4	5	6
greater than normal	normal	minimally diminished	moderately diminished	markedly diminished	totally absent
高于正常	正常	轻微下降	中度下降	明显下降	完全丧失

附　　录

MGH-CPFQ 评定说明

本量表为自评量表,主要用于评定心境障碍或焦虑障碍患者的认知功能状况和疗效。包括7个条目,评分为1~6分共6级。

参 考 文 献

Fava M, Iosifescu DV, Pedrelli Paola, et al. Reliability and Validity of the Massachusetts General Hospital Cognitive and Physical Functioning Questionnaire. Psychotherapy and Psychosomatics, 2009, 78(2): 91-97.

第五节　席汉残疾评定量表(SDS)

席汉残疾评定量表(Sheehan Disability Scale, SDS)

A brief, patient rated, measure of disability and impairment 由患者自我评定的关于残疾与缺陷的简要评定方法

Please mark ONE circle for each scale. 对于每项评定量表请只标记一个圆圈。

WORK* / SCHOOL 工作 * 或学校

The symptoms have disrupted your work / school work:

症状影响了您的工作或学习：

Not at all 完全没有	Mildly 轻度	Moderately 中度	Markedly 明显	Extremely 极度
⓪	①②③	④⑤⑥	⑦⑧⑨	⑩

□ I have not worked / studied at all during the past week for reasons to the disorder.

在过去的 1 周里，我由于与病症相关的原因而没有工作或学习。

* Work includes paid, unpaid volunteer work or training.

工作包括有薪工作、无薪志愿工作或培训。

SOCIAL LIFE 社交生活

The symptoms have disrupted your social life / leisure activities:

症状影响了您的社交生活或休闲活动：

Not at all 完全没有	Mildly 轻度	Moderately 中度	Markedly 明显	Extremely 极度
⓪	①②③	④⑤⑥	⑦⑧⑨	⑩

FAMILY LIFE / HOME RESPONSIBILITIES 家庭生活或家庭责任

The symptoms have disrupted your family life / home responsibilities:

症状影响了您的家庭生活或家庭责任：

Not at all 完全没有	Mildly 轻度	Moderately 中度	Markedly 明显	Extremely 极度
⓪	①②③	④⑤⑥	⑦⑧⑨	⑩

DAYS LOST 缺勤缺课的天数

On how many days in the last week did your symptoms cause you to miss school or work or leave your unable to carry out your normal daily responsibilities? __________

在过去的 1 周里,由于您的症状使您不能上学或工作或无法完成正常的日常职责的情况共有多少天?

DAYS UNDERPRODUCTIVE 效率低下的天数

On how many days in the last week did you feel so impaired by your symptoms, that even though you went to school or work, your productivity was reduced? __________

在过去的 1 周里,即使您每日去上学或去工作,但是由于您的症状使您感到有障碍以至于效率降低的情况共有多少天?

附 录

SDS 评定说明

本量表为自评量表, 主要用于评定心境障碍或焦虑障碍患者的功能状况和疗效。一项以初级保健中心就诊患者为对象的调查显示该量表的内部信度一致性好,α 系数为 0.83。

评估访谈前的最近 7d 的情况。

评估内容包括工作、社交生活、家庭生活;相关条目包括缺勤天数、效率低下天数。

每个条目分 0~10 分的 11 级,总分 0~30。

参 考 文 献

Sheehan DV, Harnett-Sheehan K, Raj BA. The measurement of disability. International Clinical Psychopharmacology, 1996, 11(suppl 3): 89-95.

第六节 精神分裂症生活质量量表第4版(SQLS-R4)

精神分裂症生活质量量表第4版(The Schizophrenia Quality of Life Scale–Revision 4,SQLS-R4)

我们有兴趣调查您在包括今天在内的过去 7d 里的生活质量。请为下列每项陈述在选项中选择一个相应的回答。

	从不	很少	有时候	经常	总是
1. 我没有精力做事情。	□	□	□	□	□
2. 我在做事情的时候不能受到干扰。	□	□	□	□	□
3. 我对未来充满焦虑。	□	□	□	□	□

4. 我感到孤独。	从不 ☐	很少 ☐	有时候 ☐	经常 ☐	总是 ☐
5. 我感到绝望。	从不 ☐	很少 ☐	有时候 ☐	经常 ☐	总是 ☐
6. 我感到恐慌。	从不 ☐	很少 ☐	有时候 ☐	经常 ☐	总是 ☐
7. 我能够做完日复一日的活动。	从不 ☐	很少 ☐	有时候 ☐	经常 ☐	总是 ☐
8. 我采用人们认为不正确的方式做事情。	从不 ☐	很少 ☐	有时候 ☐	经常 ☐	总是 ☐
9. 我发现我很难集中精力。	从不 ☐	很少 ☐	有时候 ☐	经常 ☐	总是 ☐
10. 我发现我很难和人们相处。	从不 ☐	很少 ☐	有时候 ☐	经常 ☐	总是 ☐
11. 我感到沮丧。	从不 ☐	很少 ☐	有时候 ☐	经常 ☐	总是 ☐
12. 我觉得我可以克服困难。	从不 ☐	很少 ☐	有时候 ☐	经常 ☐	总是 ☐
13. 我感到非常的混乱并且对自己没有自信。	从不 ☐	很少 ☐	有时候 ☐	经常 ☐	总是 ☐
14. 我睡眠良好。	从不 ☐	很少 ☐	有时候 ☐	经常 ☐	总是 ☐
15. 我的情绪高低起伏。	从不 ☐	很少 ☐	有时候 ☐	经常 ☐	总是 ☐
16. 我为我的状况不能转好感到焦虑。	从不 ☐	很少 ☐	有时候 ☐	经常 ☐	总是 ☐
17. 我对事情感到担心。	从不 ☐	很少 ☐	有时候 ☐	经常 ☐	总是 ☐
18. 我觉得人们刻意回避我。	从不 ☐	很少 ☐	有时候 ☐	经常 ☐	总是 ☐
19. 我一想到过去就心烦意乱。	从不 ☐	很少 ☐	有时候 ☐	经常 ☐	总是 ☐
20. 我对记住事情有困难。	从不 ☐	很少 ☐	有时候 ☐	经常 ☐	总是 ☐
21. 我感到与世隔绝。	从不 ☐	很少 ☐	有时候 ☐	经常 ☐	总是 ☐

22. 我与人相处感到不安。	从不 ☐	很少 ☐	有时候 ☐	经常 ☐	总是 ☐
23. 我很难清晰地思考。	从不 ☐	很少 ☐	有时候 ☐	经常 ☐	总是 ☐
24. 我有令人难以接受的想法。	从不 ☐	很少 ☐	有时候 ☐	经常 ☐	总是 ☐
25. 我有自杀的念头。	从不 ☐	很少 ☐	有时候 ☐	经常 ☐	总是 ☐
26. 我感到快乐。	从不 ☐	很少 ☐	有时候 ☐	经常 ☐	总是 ☐
27. 我感到压抑。	从不 ☐	很少 ☐	有时候 ☐	经常 ☐	总是 ☐
28. 我感到昏昏欲睡。	从不 ☐	很少 ☐	有时候 ☐	经常 ☐	总是 ☐
29. 我感到慌乱不安。	从不 ☐	很少 ☐	有时候 ☐	经常 ☐	总是 ☐
30. 我为我的社交生活担心。	从不 ☐	很少 ☐	有时候 ☐	经常 ☐	总是 ☐
31. 我感到疲倦。	从不 ☐	很少 ☐	有时候 ☐	经常 ☐	总是 ☐
32. 我感到身体虚弱。	从不 ☐	很少 ☐	有时候 ☐	经常 ☐	总是 ☐
33. 我感觉我好像不能过正常的生活。	从不 ☐	很少 ☐	有时候 ☐	经常 ☐	总是 ☐

附　　录

SQLS-R4 评定说明

本量表主要用于评定精神分裂症患者的生活质量状况和疗效。中国台湾的一项研究显示，该量表的内部信度一致性好，α 系数为 0.84~0.92，重测信度好，组内相关系数为 0.84。

包括 33 个条目，评分为 5 级。

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2. Oxford Outcomes Ltd. The Revised Schizophrenia Quality of Life Questionnaire (SQLS-R4): User manual for the SQLS-R4. Cassington: Oxford Outcomes, 2004.
3. Kuo PJ, Chen-Sea MJ, Lu RB, et al. Validation of the Chinese version of the Schizophrenia Quality of Life Scale Revision 4 (SQLS-R4) in Taiwanese patients with schizophrenia. Qual Life Res, 2007 Nov, 16(9): 1533-1538.

第七节　日常生活能力量表(ADL)

日常生活能力量表(Activity of Daily Living Scale，ADL)

评定项目	1	2	3	4	评定项目	1	2	3	4
1. 使用公共车辆	□	□	□	□	8. 梳头、刷牙等	□	□	□	□
2. 行走	□	□	□	□	9. 洗衣	□	□	□	□
3. 做饭	□	□	□	□	10. 洗澡	□	□	□	□
4. 做家务	□	□	□	□	11. 购物	□	□	□	□
5. 吃药	□	□	□	□	12. 定时上厕所	□	□	□	□
6. 吃饭	□	□	□	□	13. 打电话	□	□	□	□
7. 穿衣	□	□	□	□	14. 处理自己钱物	□	□	□	□
总分：□ □									

注：1. 自己完全可以做；2. 有些困难；3. 需要帮助；4. 根本无法做。

附　　录

ADL评定说明

本量表主要用于评定老年人的功能状况，作为老年痴呆早期诊断和疗效评估的工具。

评估期为本次面谈前 1 周。

评估时强调受试者的主观体验，除第 14 项需结合观察外，所有项目均根据受试者的口头叙述进行评分。

包括 14 个条目，评分为 1~4 分，共 4 级。无工作用的评分标准，一般可按以下要求评分：轻度，症状轻微；中度，有肯定症状，但不影响生活与活动；重度，症状重，需加处理，或已影响生活活动；极重度，症状极重，严重影响其生活。

参 考 文 献

1. Lawton MP, Brody EM. Assessment of older people: self-maintaining and instrumental activities of daily living. The Gerontologist, 1969, 9(3): 179-186.
2. 张明园. 精神科评定量表手册. 长沙：湖南科学技术出版社, 1993, 134~137.

第八节　患者健康问卷15项(PHQ-15)

患者健康问卷15项(Patient Health Questionnaire-15,PHQ-15)

在过去 4 周里,下列问题中有哪些使您感到烦扰?

	一点烦扰都没有	有一点烦扰	有很大烦扰
1. 腹痛	□	□	□
2. 背痛	□	□	□
3. 胳膊、腿或关节(膝关节、大腿关节等)痛	□	□	□
4. 痛经或月经期间其他的问题(该问题女性回答)	□	□	□
5. 头痛	□	□	□
6. 胸痛	□	□	□
7. 头晕	□	□	□
8. 一阵阵虚弱感	□	□	□
9. 感到心脏砰砰跳动或跳得很快	□	□	□
10. 透不过气来	□	□	□
11. 性生活中有疼痛或其他问题	□	□	□
12. 便秘,肠道不适感,腹泻	□	□	□
13. 恶心,排气,或消化不良	□	□	□
14. 感到疲劳或无精打采	□	□	□
15. 睡眠有问题或烦恼	□	□	□

附　　录

PHQ-15 评定说明

本量表为自评量表,主要用于评定常见精神障碍患者的躯体化严重程度和疗效。

包含了从患者健康问卷(PHQ)中的 15 项躯体化症状。每项症状从 0 分("一点烦扰

都没有”)到 2 分(“有很大烦扰”)共 3 级。

参 考 文 献

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第九节 欧洲五维度健康量表(EQ-5D)

欧洲五维度健康量表(EuroQol-5D,EQ-5D)

Mobility 行动能力

0: I have no problems in walking about 我走动没问题

1: I have some problems in walking about 我走动有些问题

2: I am confined in bed 我需卧床

Self-care 自我照料能力

0: I have no problems with self-care 我的自我照料能力没问题

1: I have some problems washing or dressing myself 我在洗漱或自己穿衣上有些问题

2: I am unable to wash or dress myself 我无法洗漱或自己穿衣服

Usual activities (e.g. work, study, housework, family or leisure activities) **日常活动**(如工作、学习、家务、家庭活动或业余活动)

0: I have no problems with performing my usual activities 我进行日常活动的能力没问题

1: I have some problems with performing my usual activities 我进行日常活动的能力有些问题

2: I am unable to perform my usual activities 我无法进行日常活动

Pain/Discomfort 疼痛/不舒服

0: I have no pain or discomfort 我没有疼痛或不舒服

1: I have moderate pain or discomfort 我有中度的疼痛或不舒服

2: I have extreme pain or discomfort 我有极重的疼痛或不舒服

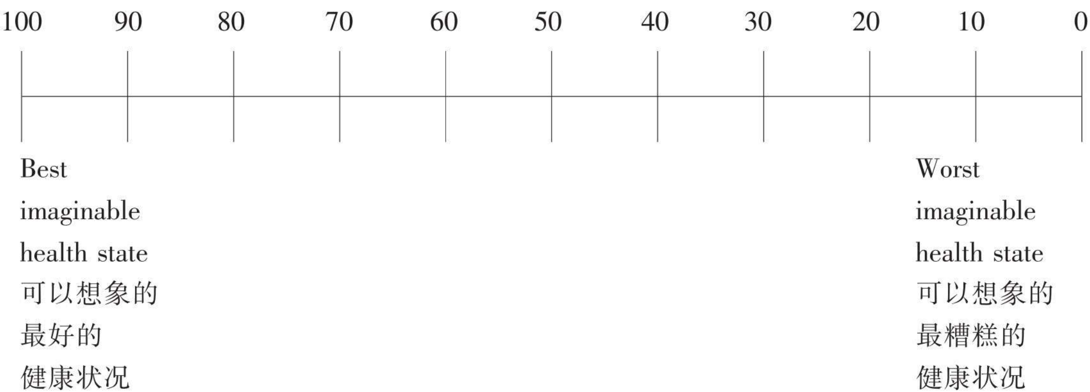
Anxiety/Depression 焦虑/沮丧

0: I am not anxious or depressed 我没有焦虑或沮丧

1: I am moderately anxious or depressed 我有中度的焦虑或沮丧

2: I am extremely anxious or depressed 我有极重的焦虑或沮丧

To help patient say how good or bad a health state is, we have drawn a scale on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0. 为了帮助患者表达其健康状况如何好或如何糟糕,我们画了一个比例尺,您可以在上面圈 100 以表示最好的状况及圈 0 以表示最糟糕的状况。



附 录

EuroQol-5D 评定说明

本量表为自评量表，主要用于评定精神分裂症患者健康相关的总体预后，在欧洲和澳大利亚的研究中应用广泛。一项以躯体残疾者为对象的调查显示：该量表的内部信度一致性好，组内相关系数为 0.783（0.604~0.875）。

包括五方面健康问题的简单描述，及一个自评健康状况的总分。

参 考 文 献

1. The EuroQol Group. EuroQol—a new facility for the measurement of health-related quality of life. The EuroQol Group, *Health policy*, 1990, 16(3): 199-208.
2. Brazier J, Jones N, Kind P. Testing the validity of the EuroQol and comparing it with the SF-36 health survey questionnaire. Qual Life Res, 1993, 2(3): 169-180.
3. Kind P, Dolan P, Gudex C, et al. Variations in Population Health Status: Results from a United Kingdom National Questionnaire Survey. BMJ, 1998, 316(7133): 736-741.
4. Badia X, Schiaffino A, Alonso J, et al. Using the EuroQol 5-D in the Catalan General Population: Feasibility and Construct Validity. Quality of Life Research, 1998, 7(4): 311-322.

第三章　总体评估量表

第一节　临床总体印象量表(CGI)

临床总体印象量表(Clinical Global Impression,CGI)

I. Severity of Illness 疾病严重度

Considering your total clinical experience with this particular population, how mentally ill is the patient at this time? 结合您对这一特定人群的总体临床经验,此时患者病情的严重度如何?

0: 未评定

1: Normal, not at all ill 正常,完全无病——Absent 无症状

2: Borderline mentally ill 边缘性精神病——Subtle or suspected pathology 轻微或可疑病态

3: Mildly ill 轻度有病——Clearly established symptoms with minimal, if any, difficulty in social and occupational function 清晰确定存在症状,若造成社交和职业功能困难,也是轻微的

4: Moderately ill 中度有病——Overt symptomatology causing noticeable, but modest, functional impairment 症状明显并造成显著但却为中度的功能缺损

5: Markedly ill 明显有病——Intrusive symptomatology that distinctly impairs social/occupational function 症状突出并明显损害社会、职业功能

6: Severely ill 严重有病——Disruptive pathology; behavior and function are frequently influenced by symptomatology and often requires assistance 具破坏性的病态。行为和功能经常受症状影响,且经常要求帮助

7: Among the most extremely ill subjects 疾病极严重——Pathology drastically interferes in many life functions 病情显著妨碍许多生活功能

II. Global Improvement 总体进步

Rate total improvement whether or not in your judgment it is due entirely to drug treatment. Compared to his condition at admission to the project, how much has he changed? 评定总体改善,按照您的判断,这种改善是否完全是由于药物的治疗。与患者入选访视时的情况相比,患者病情变化如何?

1: Very much improved 进步非常明显
2: Much improved 进步明显
3: Minimally improved 稍有进步
4: No change 无变化
5: Minimally worse 稍有恶化
6: Much worse 明显恶化
7: Very much worse 恶化非常明显

III. Efficacy Index 疗效指数

只根据药物治疗的效果,分值: □□

药物不良反应 / Therapeutic effect 疗效	None无	Do not significantly interfere with patient's functioning 轻度，不影响正常功能	Significantly interfere with patient's functioning 中度，影响正常功能	Outweigh therapeutic effect 重度,较明显影响正常功能
Marked Vast improvement. Complete or nearly complete remission of all symptoms 显著进步,症状几乎完全缓解	01	02	03	04
Moderate Decided improvement. Partial remission of symptoms 进步,症状部分缓解	05	06	07	08
Minimal Slight improvement which doesn't alter status of care of patient 稍进步,仍需原治疗	09	10	11	12
Unchanged or Worse 无变化或恶化	13	14	15	16
未评定或不肯定	00			

附　　录

CGI 评定说明

本量表由美国国立精神卫生研究所（NIMH）创建，运用于早期临床药物评估单位(ECDEU),主要用来全面评估患者在某个时间里的症状、行为和疾病对功能的影响。

评定时应用您所有的临床经验加上您所知道的有关受试者在评定时的一切,排除已知的因躯体疾病而产生的症状。要求当着患者的面由临床医生就患者的整体印象进行评

估,是按 1~7 分共 7 级评分来评定。

有三项评定指标:严重度、改善度和有效性。严重度评定是根据这个问题:“凭您对这一特殊人群总的临床经验,受试者在这段时间里精神疾病的病情怎样?”需考虑患者的症状(强度和频度)加上功能受损程度,若是精神分裂症患者,则症状应包括阳性、阴性、认知缺损和紊乱症状等。

参 考 文 献

1. Guy W. ECDEU Assessment Manual for Psychopathology. DHEW Publ ADM, 1976, 534-537.
2. Kay, SR. Positive and Negative Symptoms in Schizophrenia: Assessment and Research. Clinical and Experimental Psychiatry, Monograph No.5. Brunner/Mazel, 1991.
3. 张明园. 精神科评定量表专辑. 上海精神医学,1992(2)增刊:70.

第二节 临床总体印象量表—精神分裂症(CGI-S)

临床总体印象量表—精神分裂症(Clinical Global Impression-Schizophrenia, CGI-S)

Fill in the appropriate circle for each item. 对于以下每个条目给予一个恰当的选项。

Severity of illness 疾病严重程度

Considering your total clinical experience with patients with schizophrenia, how severely ill has the patient been during the last week? 根据您关于精神分裂症患者的总体临床经验,该受试者在最近 1 周的疾病严重到什么程度?

	Normal, not ill 正常 无病 1	Minimally ill 最轻度 疾病 2	Mildly ill 轻度 疾病 3	Moderately ill 中度 疾病 4	Markedly ill 明显 患病 5	Severely ill 严重 患病 6	Among the most severely ill 非常严重 患病 7
1 Positive Symptoms 阳性症状 e.g. hallucinations, delusions or bizarre behaviour 如幻觉、妄想或怪异行为	○	○	○	○	○	○	○
2 Negative Symptoms 阴性症状 e.g. affective flattening, avolition or anhedonia 如情感平淡、意志缺乏或快感缺乏	○	○	○	○	○	○	○

（续表）

	Normal, not ill 正常无病 1	Minimally ill 最轻度疾病 2	Mildly ill 轻度疾病 3	Moderately ill 中度疾病 4	Markedly ill 明显患病 5	Severely ill 严重患病 6	Among the most severely ill 非常严重患病 7
3 Depressive Symptoms 抑郁症状 e.g. sadness, depressed mood or hopelessness 如悲伤、心境抑郁或绝望	○	○	○	○	○	○	○
4 Cognitive Symptoms 认知症状 e.g. impaired attention, concentration or memory 注意力缺损、集中注意困难或记忆缺损	○	○	○	○	○	○	○
5 Overall Severity 总体严重度	○	○	○	○	○	○	○

附　　录

CGI-S 评定说明

本量表主要用于评定精神分裂症患者的总体疗效。葡萄牙版的一项研究显示该量表阳性症状和总分项的内部信度一致性高，组内相关系数分别为 0.81 和 0.73。阴性症状、抑郁症状和认知症状的内部信度一致性中等，组内相关系数分别为 0.64，0.67 和 0.63。

参考文献

Haro JM, Kamath SA, Ochoa S, et al. The clinical global impression–schizophrenia scale: a simple instrument to measure the diversity of symptoms present in schizophrenia. Acta Psychiatr Scand Suppl, 2003, 107(s416): 16-23.

第三节　临床总体印象量表—双相情感障碍版严重程度量表(CGI-BP-S)

临床总体印象量表—双相情感障碍版严重程度量表(Clinical Global Impression-Bipolar Disorder-Severity of Illness Scale，CGI-BP-S)

SEVERITY of ILLNESS 疾病的严重程度							
CONSIDERING YOUR TOTAL CLINICAL EXPERIENCE WITH BIPOLAR PATIENTS, HOW SEVERELY ILL IS THE SUBJECT AT THIS POINT IN TIME? 根据您关于双相情感障碍患者的总体临床经验,该受试者在评价期间的疾病严重到什么程度?							
"×" only 1 box per question. 每个问题只在一个空格处打"×"。							
	Normal, not ill 正常无病	Minimally ill 最轻度疾病	Mildly ill 轻度疾病	Moderately ill 中度疾病	Markedly ill 明显患病	Severely ill 严重患病	Very severely ill 非常严重患病
	1	2	3	4	5	6	7
a. Mania 躁狂	□	□	□	□	□	□	□
b. Depression 抑郁	□	□	□	□	□	□	□
c. Overall Bipolar 双相总体	□	□	□	□	□	□	□

附　　录

CGI-BP-S 评定说明

本量表是用于评定受试者双相障碍的严重度,包括抑郁和躁狂两部分。CGI 躁狂评分经常与 YMRS 评分相关联,CGI 抑郁评分经常与 MADRS 评分相关联。CGI-BP 是对受试者在指定时间的双相状况的总体评价,改编自 CGI 原版,可分别评估躁狂症、抑郁症和双相障碍总体。

疾病的严重程度:根据医生对这类特殊患者(双相障碍)的总体经验,评估受试者精神疾病的严重程度;根据受试者在评价期间的状态评估躁狂、抑郁和双相障碍总体。"评分指南"见 CGI 章节。

评定双相障碍总体:疾病"总体"类别的严重程度应结合双相障碍的所有症状(躁狂、轻躁狂和抑郁)及对功能的影响,也应考虑过去 1 周里占主导的情绪基调,不要简单地将躁狂和抑郁评分平均一下以得到"总体"评分,是就您对双相患者的总体经验而言,考虑

该患者的疾病有多严重。

评定按 1~7 分共 7 级评分,从 1(正常)到 7(非常严重患病)。

评定原则:要求临床判断,应用从其他来源的信息,使用评分员获得的所有现有信息以对总体状况作出判断。在这类患者中,CGI 躁狂评分被期望在双相障碍总体 CGI 评分中占有相对重的分量。

参 考 文 献

Spearing MK, Post RM, Leverich GS, et al. Modification of the Clinical Global Impressions (CGI) Scale for use in bipolar illness (BP): the CGI-BP. Psychiatry Research, 1997, 73(3): 159-171.

第四节 患者总体印象:改善(PGI-I)

患者总体印象:改善(Patient Global Impressions of Improvement, PGI-I)

NO INFORMATION OBTAINED 未获得信息 □

Mark the box that best describes how you (the patient) have felt in general since you started taking this medicine. 根据您(患者)自从开始服用本药后的总体感觉,请在最合适的描述项前的方框中划钩。

- □1 Very much better 非常好
- □2 Much better 很好
- □3 A little better 好一点
- □4 The same 无变化
- □5 A little worse 差一点
- □6 Much worse 很差
- □7 Very much worse 非常差

附 录

PGI-I 评定说明

Assesses how the patient has felt since taking study drug. 评估患者自服药以来的自身感受。

参 考 文 献

Guy W. ECDEU Assessment Manual for Psychopharmacology, Revised. Rockville, MD: National Institute of Mental Health. DHEW Publ ADM, 1976, 217-222.

第四章　不良反应评估量表

第一节　治疗时出现的症状量表(不良反应量表TESS)

治疗时出现的症状量表(Treatment Emergent Symptom Scale，TESS)

评分标准：0 无；1 可疑或极轻；2 轻度；3 中度；4 重度

处理：0 无；1 加强观察；2 予拮抗剂；3 减少剂量；4 减少剂量并予拮抗剂；5 暂停治疗；6 终止治疗

中毒行为	严重度	处理	中毒行为	严重度	处理
1. 意识模糊	□	□	19. 腹泻	□	□
2. 兴奋或激越	□	□	20. 头昏	□	□
3. 情感抑郁	□	□	21. 血压降低	□	□
4. 活动增加	□	□	22. 血压升高	□	□
5. 活动减退	□	□	23. 心动过速	□	□
6. 失眠	□	□	24. 心电图异常	□	□
7. 嗜睡	□	□	25. 皮肤症状	□	□
8. 肌强直	□	□	26. 体重增加	□	□
9. 震颤	□	□	27. 体重减轻	□	□
10. 扭转性运动	□	□	28. 食欲减退	□	□
11. 静坐不能	□	□	29. 头痛	□	□
12. 口干	□	□	30. 迟发运动障碍	□	□
13. 鼻塞	□	□	31. 血象异常	□	□
14. 视力模糊	□	□	32. 肝功能异常	□	□
15. 便秘	□	□	33. 尿液异常	□	□
16. 唾液增多	□	□	34. 性功能异常	□	□
17. 出汗	□	□	35. 其他异常	□	□
18. 恶心呕吐	□	□	36. 其他异常	□	□

总评：A. 与本项研究的其他患者相比，治疗所致不良反应的严重程度

无=0　轻=1　中=2　重=3　不肯定=4　□

B. 与本项研究的其他患者相比，治疗所致不良反应的痛苦程度

无=0　轻=1　中=2　重=3　不肯定=4　□

附 录

TESS 评定说明

TESS由美国 NIMH 编制于 1973 年,在同类量表中,项目最全,覆盖面最广,既包括常见的不良症状和体征,又包括若干实验室检查结果。

TESS原版本要求对每项症状作三方面的评定:严重度、症状和药物的关系以及采取的措施。

其中"症状和药物关系"栏:无关;基本无关;可能有关;很可能有关和肯定有关等五个等级(量表协作组经应用后,删除了这一栏,规定只有可能或者肯定和治疗有关的症状才予以评定)。

"采取措施"栏,评定针对不良反应所作处理,分成 0~6 分七个等级:(0)不需任何处理;(1)加强观察;(2)予以拮抗药;(3)改变剂量;(4)改变剂量并予以拮抗药;(5)暂停治疗;(6)终止治疗。

"严重度"栏,评定症状的严重水平(0~4):(0)无该项症状;(1)极轻或可疑;(2)轻度:指不影响功能活动,患者因之稍有烦恼,只有模棱两可的证据证明症状存在,或完全基于患者的报告;(3)中度:一定程度的功能影响,但对生活无严重影响,患者因而感到不舒服或不安,可直接观察到症状的存在;(4)重度:严重影响患者的活动和生活,就具体症状而言,有些症状只要肯定存在,其严重度至少达到中度。原版本提出了一份用于成人的严重度评定指南,简介于下(有些项目的评定标准,原版中缺如,由量表协作组补定,以 * 号标出)。

1. 中毒性意识模糊:(3)仅见于晚上,短暂;(4)持续至白天。

2. 兴奋激越:(2)有焦虑或恐惧;(3)有非持续性的激越性运动行为;(4)持续激越,如捶首,顿足和搓手等。

3. 情绪抑郁:(2)问出来的心境抑郁;(3)主动诉述抑郁绝望,易哭;(4)伴阻滞的符合诊断标准的重症抑郁发作。

4. 活动增加:(2)非持续性,能自行控制;(3)持续性,不需外力控制;(4)持续,需他人干涉。

5.* 活动减退:(2)主动活动减少;(3)需外力推动才活动;(4)木僵或亚木僵。

6. 失眠:(2)比平时睡眠减少 2h;(3)减少 3~6h;(4)减少 6h 以上。

7. 嗜睡:(2)白天嗜睡或睡觉 2h;(3)白天睡眠 3~8h;(4)白天睡 8h 以上。

8.* 血象异常:(3)血象化验异常,如白细胞减少;(4)严重异常,如白细胞缺乏。

9. 肝功能:(3)化验异常;(4)黄疸。

10.* 尿化验异常:(3)化验结果为肯定异常;(4)严重异常。

11. 肌强直:(2)肌张力轻度增高,不影响活动;(3)肌张力明显增高(未用拮抗药);(4)肌张力极高,即使使用拮抗药亦不能逆转。

12. 震颤:(2)自觉有震颤感,或闭目平伸双手有轻度震颤;(3)明显可见的震颤,影响精细活动;(4)震颤严重,影响生活,如无法进食。

13. 扭转运动:(2)有,但不影响活动;(3)影响活动但不影响生活;(4)影响生活。

14. 静坐不能:(2)自觉心烦,缺乏耐心,能自控;(3)因缺乏耐心,会谈时或工作中起立行走;(4)无法静坐,无法完成任务,不能自控。

15. 口干:(2)主诉口腔黏膜干燥;(3)或(4)可明显查出的口腔黏膜干燥。

16. 鼻塞:(2)自感鼻塞;(3)或(4)可见或可证实的鼻塞(如说话的声音)。

17. 视力模糊:(2)只是主诉;(3)影响视力的清晰度;(4)累及日常活动,如被物体绊倒等。

18. 便秘:(2)便秘36h以上;(3)4d以上的便秘;(4)需手通大便。

19. 唾液增加:(3)唾液增多;(4)淌口水。

20. 出汗:(2)或(3)汗比平时多,或阵阵出汗;(4)面部大汗淋漓。

21. 恶心呕吐:(3)恶心;(4)呕吐。

22. 腹泻:(2)每日2次;(3)每日3~5次;(4)每日5次以上。

23. 血压降低:(2)比平时低10%以上;(3)降低20%以上;(4)低至难以测出。

24. 头昏和头晕:(2)有头昏头晕感;(3)伴有失平衡感的头昏和头晕;(4)晕厥,失去知觉。

25. 心动过速:(2)心率90~100次/min;(3)100~120次/min;(4)120次/min以上(清晨起床前的测量结果)。

26. 血压升高:(2)18.7~12.0kPa(140/90mmHg)以上;(3)21.3~13.3kPa(160/100mmHg)以上;(4)26.7~16.0kPa(200/120mmHg)以上(指治疗前无高血压者)。

27.* 心电图(ECG)异常:(2)有异常,但无临床意义;(3)具有临床意义的异常;(4)伴严重后果的异常。

28. 皮肤症状:(2)日光过敏;(3)暂时性的发痒或红斑;(4)过敏性皮炎。

29. 体重增加:(2)1个月内增加2.267kg;(3)增加2.724~4.54kg;(4)增加4.54kg以上。

30. 体重减轻:(2)1个月内减轻2.267kg;(3)减轻2.724~4.54kg;(4)减轻4.54kg以上。

31. 食欲减退和厌食:(2)每日食量仅相当于两餐的数量;(3)相当于一餐的数量;(4)不进食。

32.* 头痛:(2)仅为主诉;(3)有痛苦感;(4)因而丧失功能或无法活动。

33.* 迟发性运动障碍:(2)由检查引出的TD症状;(3)自发的TD症状;(4)明显影响功能或活动。

第34项至36项,供填入未能包括在以上项目中的症状,其严重度按前述基本原则评定。

最后两项为总评。A为严重度总评,B为痛苦程度总评。均为和同一研究的其他患者比较的结果(0~3):(0)无;(1)轻;(2)中;(3)重。

【评定注意事项】

1. 评定员应为经量表训练的精神科医生。

2. 评定员应根据患者报告,体格检查结果以及实验室报告作出评定,有些项目,还应向患者家属或病房工作人员询问。

3. 有些项目无具体评定标准,可按前述严重度的评定原则评定。

4. 评定时间:治疗前及治疗后2周、4周和6周各评定1次。

5. 用于评定各种精神药物引起不良反应的成年患者。

6. 有些症状较轻，难以判断是否系治疗所致，为谨慎，宜将可能与治疗有关者也加以评定，并在表格中注明，分析时再取舍。

7. 在评定中发现 B 栏——与药物的关系，颇难评定，且带主观性。例如，在研究某一新药，要判断某一项症状与该药物的关系，感到十分困难，因而在实际应用中，仅取 A 栏与 C 栏。

【统计指标和结果分析】

TESS结果，可得到 A 栏和 C 栏的单项分和总分，以及总评的单项分。最常见的统计指标 A 栏（严重度）的单项分和总分。这些症状可以按系统分为：行为毒性、化验异常、神经系统症状、自主神经症状、心血管症状和其他症状等六类，分别予以统计。

【应用评价】

1. 本量表的优点是包括各系统的症状，可以反映全面的不良反应。此外，注明该症状与药物的关系，可避免与疾病症状的混淆。

2. 在各种评定精神科治疗不良反应的评定量表中，TESS 是较为详细而又实用的一种。

3. 此不良反应量表是 WHO 协作研究中经常使用的一种不良反应量表。

4. 缺点为内容过于庞杂，缺乏针对性，故有些研究者宁可在具体研究中采用更加专用的副反应量表。

参 考 文 献

Guy W. ECDEU Assessment Manual for Psychopharmacology. Rockville, MD: National Institute of Mental Health. DHEW Publ ADM, 1976, 223- 244.

第二节　锥体外系不良反应量表

一、药源性锥体外系症状评价标准（DIEPSS）

药源性锥体外系症状评价标准（The Drug-Induced Extrapyramidal Symptoms Scale，DIEPSS）

要求 DIEPSS 评价人员仔细阅读手册中关于定位点的详细说明，按症状的严重程度选填①②③或④，如无该项症状则填“0”。

0=无，正常

1=极轻度，可疑

2=轻度

3=中等程度

4=严重

1. 步态 □

即走路碎步慢走姿势。评价走路速度的减慢，步伐的减少，上肢摆动幅度减少以及前屈姿势和前冲步态现象的程度。

2. 运动徐缓 □

即动作减慢和减少。动作开始或结束时表现为延迟或困难。评价面部表情变化的缺乏(面具脸)和单调,说话含糊不清。

3. 流涎 □

唾液分泌过多。

4. 肌硬直 □

即上肢屈伸运动的阻力。评价齿轮现象,蜡样屈曲现象,铅管样硬直和腕关节活动程度。

5. 震颤 □

于口部、手指、四肢以及躯干可观察到反复、有规律(4~8Hz)的震颤,以及有规律的运动。

6. 静坐不能 □

即主观的、内在的不安感及由此引起的忧虑。感觉坐不住、腿动多,感觉不安,总想不停地动等。评价运动亢进症状(身体摇摆、双脚来回交替、原地踏步、反复交叉双腿和转来转去)。

7. 肌张力障碍 □

由于肌肉紧张异常亢进而引发的症状。评价在舌、颈部、四肢、躯干等部位可以观察到肌肉僵直、扭转等持续异常状态。评价舌外伸、斜颈、向后仰头、牙齿紧闭、眼球上翻、角弓反张综合征等。

8. 运动功能障碍 □

异常运动亢进状态。于脸部、口部、舌部、颌、四肢、躯干等部位观察到不自觉、无目的、无规则、不随意的运动。包含舞蹈样运动和手足徐动症样运动,但不对震颤进行评价。

9. 严重程度概括 □

锥体外系症状整体的严重程度。

附　录

DIEPSS 评定说明

本量表主要用于评定药源性锥体外系症状。

包括 9 个条目,评分为 0~4 分共 5 级。

参 考 文 献

Inada T, Yagi G, Miura S. Extrapyramidal symptom profiles in Japanese patients with schizophrenia treated with olanzapine or haloperidol. Schizophrenia Research, 2002, 57(2): 227-238.

二、锥体外系症状评定量表(ESRS)

锥体外系症状评定量表(Extrapyramidal Symptom Rating Scale,ESRS)

问卷和行为量表

为每个项目选择适当的栏回答问题。

Ⅰ. 帕金森综合征,肌张力障碍,运动障碍以及静坐不能问卷	无	轻度	中度	严重
1. 表现迟钝和虚弱,难以执行日常工作	□1	□2	□3	□4
2. 行走困难或行走平衡差	□1	□2	□3	□4
3. 吞咽或讲话困难	□1	□2	□3	□4
4. 四肢强直,姿态僵硬	□1	□2	□3	□4
5. 四肢、背部或颈部痉挛或疼痛	□1	□2	□3	□4
6. 不安,神经质,难以保持安静	□1	□2	□3	□4
7. 震颤,抖动	□1	□2	□3	□4
8. 动眼神经危象,异常固定姿势	□1	□2	□3	□4
9. 流涎	□1	□2	□3	□4
10. 肢端或躯干的异常不随意运动(运动障碍)	□1	□2	□3	□4
11. 舌、腭、唇或面部的异常不随意运动(运动障碍)	□1	□2	□3	□4
12. 站立时眩晕(尤其是在早晨)	□1	□2	□3	□4

医生诊查

为每个项目填入适当的得分。

Ⅱ. 帕金森综合征和静坐不能检查	得分	说明
1. 与表情有关的自发运动 (面具脸、言语)	□	0: 正常 1: 面部表情轻微减少 2: 面部表情轻度减少 3: 很少有自发微笑,眨眼减少,声音低而单调 4: 无自发性微笑,凝视,言语低声单调.含糊 5: 明显的面具脸,不能皱眉,言语急促不清 6: 极为严重的面具脸,言语无法听懂
2. 运动迟缓	□	0: 无 1: 总体感觉运动缓慢 2: 明确的运动缓慢 3: 轻微的运动困难 4: 轻度至中度的运动困难 5: 难以开始或停止任何运动,或者随意行为停顿 6: 很少有随意运动,几乎完全不能运动
3. 强直 右侧上肢 左侧上肢 右侧下肢 左侧下肢	 □ □ □ □	0: 肌肉张力正常 1: 极轻微,几乎难以察觉 2: 轻度(对被动运动有一定的阻力) 3: 中度(对被动运动有明显的阻力) 4: 偏重(有一定程度的阻力,但是仍可以很容易地活动肢体) 5: 严重(阻力明显,活动肢体有明显的困难) 6: 极为严重(肢体几乎僵住)

（续表）

Ⅱ. 帕金森综合征和静坐不能检查	得分	说明
4. 步态和姿势	□	0: 正常 1: 摆臂运动轻度减少 2: 摆臂运动中度程度的减少，步态正常 3: 无摆臂运动，低头，步态基本正常 4: 姿势僵硬（颈部、背部），步幅减小（曳行步态） 5: 更加显著，步态慌张或者转向停顿 6: 三重弯曲，几乎不能行走
5. 震颤		* 偶发　** 频繁　持续或总是如此
右侧上肢	□	无　0
左侧上肢	□	边缘　1
右侧下肢	□	小幅度　2　3　4
左侧下肢	□	中等幅度　3　4　5
头部	□	大幅度　4　5　6
腭、下腭	□	
舌	□	
唇	□	
6. 静坐不能	□	0: 无 1: 看上去不安，神经质，不耐烦，不舒适 2: 需要活动至少一端肢体 3: 通常需要活动一端肢体或者改变体位 4: 几乎总是活动一端肢体 5: 只能坐很短的一段时间（坐不了一会儿） 6: 不断地活动或行走
7. 流涎	□	0: 无 1: 轻微 2: 轻度 3: 中度：影响讲话 4: 偏重 5: 严重 6: 极为严重：流涎
8. 姿势稳定性	□	0: 正常 1: 被推挤后晃动但并不后退 2: 后退但能够自行恢复 3: 过度的后退但没有跌倒 4: 没有姿势反应，如果不是检查者搀扶会跌倒 5: 即使不被推挤，仍站立不稳 6: 没有外力帮助，不能站立

* 偶发：激发后出现或很少自发　　** 频繁：频繁自发并在激发后出现

为每个项目填入适当的得分。

Ⅲ. 肌张力障碍——医生诊查					
1. 急性肌张力障碍	得分	说明		得分	说明
右侧上肢	□	0 无	腭	□	0 无
左侧上肢	□	1 很轻 2 轻度	舌	□	1 很轻 2 轻度
右侧下肢	□	3 中度	唇	□	3 中度
左侧下肢	□	4 偏重 5 严重	眼	□	4 偏重 5 严重
头部	□	6 极重	躯干	□	6 极重
2. 慢性(迟发性)肌张力障碍	得分	说明		得分	说明
右侧上肢	□	0 无	腭	□	0 无
左侧上肢	□	1 很轻 2 轻度	舌	□	1 很轻 2 轻度
右侧下肢	□	3 中度	唇	□	3 中度
左侧下肢	□	4 偏重 5 严重	眼	□	4 偏重 5 严重
头部	□	6 极重	躯干	□	6 极重

为每个项目填入适当的得分。

Ⅳ. 运动障碍 医生诊查	得分	说明	*偶发	**频繁	持续或	总是如此
1. 舌部运动 缓慢侧向或扭动的舌部运动	□	无	0			
		边缘	1			
		在口腔内,清楚存在		2	3	4
		偶尔有部分伸出口外		3	4	5
		完全伸出口外		4	5	6
2. 腭部运动 侧向运动,咀嚼,咬合,磨牙	□	无	0			
		边缘	1			
		小幅度,清晰存在		2	3	4
		中等幅度但没有张口运动		3	4	5
		大幅度伴有张口运动		4	5	6
3. 颊唇运动 嘟嘴、噘嘴、咋舌等	□	无	0			
		边缘	1			
		小幅度,清晰存在		2	3	4
		中等幅度,唇部向前运动		3	4	5
		大幅度,显著的、聒噪的咂嘴		4	5	6

（续表）

Ⅳ. 运动障碍 医生诊查	得分	说明	*偶发	**频繁	持续或	总是如此
4. 躯干运动 不随意摇摆，扭动，骨盆回转	□	无	0			
		边缘	1			
		小幅度，清晰存在		2	3	4
		中等幅度		3	4	5
		极大幅度		4	5	6
5. 上肢 舞蹈手足徐动症样运动仅限于：手臂，手腕，手掌，手指	□	无	0			
		边缘	1			
		一侧肢体运动，小幅度，清晰存在		2	3	4
		单侧肢体的中等幅度运动，或者两侧肢体的小幅度运动		3	4	5
		两侧肢体更大幅度的运动		4	5	6
6. 下肢 舞蹈手足徐动症样运动仅限于：腿，膝盖，脚踝，脚趾	□	无	0			
		边缘	1			
		一侧肢体运动，小幅度，清晰存在		2	3	4
		单侧肢体的中等幅度运动，或者两侧肢体的小幅度运动		3	4	5
		两侧肢体更大幅度的运动		4	5	6
7. 其他不随意运动 吞咽，不规则呼吸，皱眉，眨眼，面部扭曲，叹息	□	无	0			
		边缘	1			
		小幅度，清晰存在		2	3	4
		中等幅度		3	4	5
		极大幅度		4	5	6

* 偶发：激发后出现或很少自发　　** 频繁：频繁自发并在激发后出现

Ⅴ. 运动障碍严重度的临床总体印象

依据您的临床经验，评价患者此时运动障碍的严重程度？

□ 0 无	□ 5 偏重
□ 1 边缘	□ 6 明显
□ 2 很轻	□ 7 严重
□ 3 轻度	□ 8 极重
□ 4 中度	

Ⅵ. 帕金森综合征严重度的临床总体印象

依据您的临床经验，评价此时的帕金森综合征有多严重？

□ 0 无	□ 5 偏重
□ 1 边缘	□ 6 明显
□ 2 很轻	□ 7 严重
□ 3 轻度	□ 8 极重
□ 4 中度	

（续表）

Ⅶ. 肌张力障碍严重度的临床总体印象	
依据您的临床经验，评价此时的肌张力障碍有多严重？	
□ 0 无	□ 5 偏重
□ 1 边缘	□ 6 明显
□ 2 很轻	□ 7 严重
□ 3 轻度	□ 8 极重
□ 4 中度	
Ⅷ. 帕金森综合征的分期（Hoehn & Yahr）	
□ 0 无	
□ 1 仅涉及单侧肢体，没有或极微小的功能性损害（Ⅰ期）	
□ 2 涉及双侧或正中线，没有平衡损害（Ⅱ期）	
□ 3 轻度至中度病残：正位反射或本位反射损害的最初体征（患者转身或者两脚并拢闭眼被推动时失去站立平衡）。患者躯体上能够独立的活动（Ⅲ期）	
□ 4 严重病残：患者仍能够行走和不依赖帮助的站立，但明显的残疾（Ⅳ期）	
□ 5 受困于床或者轮椅（Ⅴ期）	

附　　录

ESRS 评定说明

本量表是评估不自主躯体运动症状。

评估过程：

- 要求患者脱鞋（如果临床判断不合适的话，可省去）。
- 要求患者拿掉嘴里的任何东西如口香糖或糖果（义齿除外）。
- 要求患者面向检查者坐在一张无扶手的椅子上。
- 患者应坐在离开桌子或书桌 30cm（约 1 英尺）处。
- 在询问中观察患者的面部表情、言语和运动障碍。
- 要求患者起立并向前伸展双臂（手心向下且闭眼）。
- 要求患者上下翻转双手掌（尽可能快地），用双腕完成快速轮替动作，可选做指鼻试验。
- 当患者面向检查者坐在一张无扶手的椅子上时[离开桌子 30cm（约 1 英尺）处，转过身体]，要求患者用每只手分别抄写漩涡图形，并用其写字的手写下自己的姓名、所在州或省及国家。
- 要求患者朝向检查者来回步行 4~5m（12~15 英尺）。
- 测试姿势的稳定性：要求患者直立，且睁眼；然后在其身前、侧身、身后突然而坚决地分别推他的 2 个肩膀，同时要求其保持平衡。在其身后向前推，事先要求患者准备好两脚略微分开，再突然从身后推其。
- 检查四肢的肌张力。

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2. Chouinard G, Margolese HC. Manual for the Extrapyramidal Symptom Rating Scale (ESRS). Schizophrenia Research, 2005, 76(2/3): 247-265.

三、锥体外系症状评定量表—缩略版(ESRS-A)

锥体外系症状评定量表—缩略版(Extrapyramidal Symptom Rating Scale–Abbreviated, ESRS-A)

Parkinsonism 帕金森综合征

Rigidity 强直

Upper limbs 上肢

0 No rigidity 无强直

1 Minimal Very mild, barely perceptible
最小程度 非常轻微,几乎觉察不到

2 Mild Some resistance to passive movements
轻度 被动运动有些阻力

3 Moderate Definite resistance to passive movements, still easy to move limb, full range motion achieved
中度 被动运动确实有阻力,但仍能轻易活动肢体,可进行全方位活动

4 Severe Marked resistance to passive movements, difficulty to move limb with full range of motion
重度 被动运动明显受阻,全方位肢体活动困难

5 Extreme Lead pipe rigidity, limb nearly frozen; motion achieved with difficulty
极重度 像铅管一样强直,肢体几乎僵化;难以活动

Lower limbs 下肢

0 No rigidity 无强直

1 Minimal Very mild, barely perceptible
最小程度 非常轻微,几乎觉察不到

2 Mild Some resistance to passive movements
轻度 被动运动有些阻力

3 Moderate Definite resistance to passive movements, still easy to move limb, full range motion achieved
中度 被动运动确实有阻力,但仍能轻易活动肢体,可进行全方位活动

4 Severe Marked resistance to passive movements, difficulty to move limb with full range of motion
重度 被动运动明显受阻,全方位肢体活动困难

5 Extreme Lead pipe rigidity, limb nearly frozen; motion achieved with difficulty
极重度 像铅管一样强直,肢体几乎僵化;难以活动

Neck 颈部

0　No rigidity 不僵硬

1　Minimal　Very mild, barely perceptible
　最小程度　非常轻微，几乎觉察不到

2　Mild　Some resistance to passive movements
　轻度　被动运动有些阻力

3　Moderate　Definite resistance to passive movements, still easy to move neck, full range motion achieved
　中度　被动运动确实有阻力，但仍能轻易活动颈部，可进行全方位活动

4　Severe　Marked resistance to passive movements, difficulty to move neck within full range of motion
　重度　被动运动明显受阻，全方位颈部活动困难

5　Extreme　Lead pipe rigidity, neck nearly frozen; motion achieved with difficulty
　极重度　像铅管一样强直，颈部几乎僵化；难以活动

Tremor 震颤

Face, jaw/chin, lips, head 面部、下颚或下巴、嘴唇、头部

0　No tremor　Absent at rest and during action/posture
　无震颤　静止和在运动或做出某种姿势时没有震颤

1　Minimal　Tremor with action/posture. Absent at rest; rare (<10% of the time)
　最小程度　在运动或做出某种姿势时有震颤。静止时没有；罕见（少于10%的时间）

2　Mild　Small amplitude tremor with action/posture; occasional (<50% of the time). Absent at rest
　轻度　在运动或做出某种姿势时小幅震颤；偶发（少于50%的时间）。静止时没有

3　Moderate　Moderate amplitude tremor with action/posture; noticeable (>50% of the time). May be absent at rest
　中度　在运动或做出某种姿势时中度震颤；明显（多于50%的时间）。静止时可能没有

4　Severe　Large amplitude tremor at rest or during action/posture; occasional (<50% of the time)
　重度　在静止、运动或做出某种姿势时大幅震颤；偶发（少于50%的时间）

5　Extreme　Large amplitude tremor at rest and during action/posture; noticeable (>50% of the time)
　极重度　在静止和运动或做出某种姿势时大幅震颤；明显（多于50%的时间）

Upper limbs/hands 上肢或双手

0　No tremor　Absent at rest and during action/posture
　无震颤　静止和在运动或做出某种姿势时没有震颤

1　Minimal　Tremor with action/posture. Absent at rest; rare (<10% of the time)

最小程度　在运动或做出某种姿势时有震颤。静止时没有；罕见（少于10%的时间）

2 Mild　Small amplitude tremor with action/posture; occasional (<50% of the time). Absent at rest

轻度　在运动或做出某种姿势时小幅震颤；偶发（少于50%的时间）。静止时没有

3 Moderate　Moderate amplitude tremor with action/posture; noticeable (>50% of the time). May be absent at rest

中度　在运动或做出某种姿势时中度震颤；明显（多于50%的时间）。静止时可能没有

4 Severe　Large amplitude tremor at rest or during action/posture; occasional (<50% of the time)

重度　在静止、运动或做出某种姿势时大幅震颤；偶发（少于50%的时间）

5 Extreme　Large amplitude tremor at rest and during action/posture; noticeable (>50% of the time)

极重度　在静止和运动或做出某种姿势时大幅震颤；明显（多于50%的时间）

Lower limbs/feet 下肢或双足

0 No tremor　Absent at rest and during action/posture

无震颤　静止和在运动或做出某种姿势时没有震颤

1 Minimal　Tremor with action/posture. Absent at rest; rare (<10% of the time)

最小程度　在运动或做出某种姿势时有震颤。静止时没有；罕见（少于10%的时间）

2 Mild　Small amplitude tremor with action/posture; occasional (<50% of the time). Absent at rest

轻度　在运动或做出某种姿势时小幅震颤；偶发（少于50%的时间）。静止时没有

3 Moderate　Moderate amplitude tremor with action/posture; noticeable (>50% of the time). May be absent at rest

中度　在运动或做出某种姿势时中度震颤；明显（多于50%的时间）。静止时可能没有

4 Severe　Large amplitude tremor at rest or during action/posture; occasional (<50% of the time)

重度　在静止、运动或做出某种姿势时大幅震颤；偶发（少于50%的时间）

5 Extreme　Large amplitude tremor at rest and during action/posture; noticeable (>50% of the time)

极重度　在静止和运动或做出某种姿势时大幅震颤；明显（多于50%的时间）

Reduced facial expression/speech 面部表情或言语减少

0 Normal 正常

1 Minimal　Very mild decrease in facial expressiveness

最小程度　面部表情略微减少

2　Mild　　Mild decrease in facial expressiveness; hypomimia
　轻度　　面部表情轻度减少;表情缺乏
3　Moderate　　Rare spontaneous smile, decreased blinking, voice monotonous
　中度　　自然笑容很少见,眨眼次数减少,声音单调
4　Severe　　Difficulty to frown, slurred speech, staring gaze
　重度　　皱眉困难,言语含糊不清,瞪视
5　Extreme　　Unable to frown, unintelligible speech, fixed facial expression, lips parted
　极重度　　无法皱眉,言语难以理解,面部表情僵硬,双唇分开

Impaired Gait/Posture 步态或姿势受损

0　Normal 正常
1　Minimal　　Very mild decreased pendular arm movement, not quite erect normally: stooped posture
　最小程度　　手臂摆动略微减小,有点不能正常直立:呈驼背姿势
2　Mild　　Mild decrease of pendular arm movement, mildly stooped posture
　轻度　　手臂摆动轻度减小,轻度驼背
3　Moderate　　No pendular arm movement, head flexed, can be leaning to one side
　中度　　无手臂摆动,头部弯曲,可能倒向一边
4　Severe　　Small step (shuffling gait), stiff posture (neck, back), moderate leaning to one side
　重度　　小步幅(碎步步态),姿势僵硬(颈部和背部),向一侧中度倾斜
5　Extreme　　Festination/freezing on turning, barely able to walk, triple flexion: posture extreme abnormal
　极重度　　步态慌张或转身时止步,几乎不能行走,3 倍屈曲:姿势极度异常

Postural Instability 姿势不稳

0　No postural instability 不存在姿势不稳
1　Minimal　　Hesitation when suddenly pushed or pulled but no latero, antero nor retropulsion
　最小程度　　突然被推或被拉时出现迈步困难,但没有前倾、侧步或后退情况
2　Mild　　Latero, antero or retropulsion but recovers unaided
　轻度　　有前倾、侧步或后退情况,但可自行恢复
3　Moderate　　Absence of postural response, would fall if not caught
　中度　　无姿势反应,如果不被抓住就会倒下
4　Severe　　Unstable while standing, even without pushing
　重度　　即使没有被推也站立不稳
5　Extreme　　Unable to stand without assistance
　极重度　　无法自行站立

Bradykinesia/Hypokinesia 运动徐缓或运动功能减退

0 No slowness of movement 无运动缓慢

1	Minimal 最小程度	Minimally/questionably slowed movements, hesitancy 最低程度的或可疑的运动缓慢、踌躇
2	Mild 轻度	Mildly slowed movements, mild poverty of movements 轻度运动徐缓,轻度运动减少
3	Moderate 中度	Moderate difficulty in initiating or stopping movements 开始或停止运动时出现中度困难
4	Severe 重度	Rare voluntary movements, small amplitude movements 少有随意运动,小幅运动
5	Extreme 极重度	Almost completely immobile 几乎完全不能移动

Dystonia 肌张力障碍

Tongue 舌头

0	None 无	No contraction at rest or during action 静止或运动时无收缩
1	Minimal 最小程度	Very mild contraction partial tongue protrusion; rare (<10% of the time) 舌头部分伸出时出现非常轻微的收缩;罕见(少于 10%的时间)
2	Mild 轻度	Mild contraction partial tongue protrusion; occasional (<50% of the time) 舌头部分伸出时出现轻度收缩;偶发(少于 50%的时间)
3	Moderate 中度	Sustained min effort contraction partial tongue protrusion; noticeable (>50% of the time) 舌头部分伸出时出现持续的轻微收缩;明显(多于 50%的时间)
4	Severe 重度	Forceful effort contraction near complete tongue protrusion; occasional (<50% of the time) 舌头几乎完全伸出时用力收缩;偶发(少于 50%的时间)
5	Extreme 极重度	Forceful effort contraction near complete tongue protrusion; noticeable (>50% of the time) 舌头几乎完全伸出时用力收缩;明显(多于 50%的时间)

Jaw 下颚

0	None 无	No contractions at rest or during action 静止或运动时无收缩
1	Minimal 最小程度	Very mild contraction partial jaw opening or clenching; rare (<10% of the time) 下颚部分张开或咬紧时出现非常轻微收缩;罕见(少于 10%的时间)
2	Mild 轻度	Mild contraction partial jaw opening or clenching; occasional (<50% of the time) 下颚部分张开或咬紧时出现轻微收缩;偶发(少于 50%的时间)

3　Moderate　　Sustained min effort partial jaw opening or clenching; noticeable (>50% of the time)

　中度　　下颚部分张开或咬紧时出现持续的略微收缩；明显（多于 50%的时间）

4　Severe　　Forceful effort complete jaw opening or clenching/bruxism; occasional (<50% of the time)

　重度　　下颚完全张开或咬紧或磨牙时出现强烈收缩；偶发（少于 50%的时间）

5　Extreme　　Forceful effort complete jaw opening or clenching/bruxism; noticeable (>50% of the time)

　极重度　　下颚完全张开或咬紧或磨牙时出现强烈收缩；明显（多于 50%的时间）

Eyes, upper face, lower face, larynx 眼睛、上面部、下面部、喉

0　None　　No contractions at rest or during action

　无　　静止或运动时无收缩

1　Minimal　　Very mild blepharospasm, oculogyration, choked voice or grimacing; rare (<10% of the time)

　最小程度　　非常轻微的眼睑痉挛、眼球旋动、声音哽咽或面部扭曲；罕见（少于 10%的时间）

2　Mild　　Mild blepharospasm, oculogyration, choked voice or grimacing; occasional (<50% of the time)

　轻度　　轻度眼睑痉挛、眼球旋动、声音哽咽或面部扭曲；偶发（少于 50%的时间）

3　Moderate　　Sustained min effort blepharospasm, oculogyration, choked voice or grimacing; predominant (>50% of the time)

　中度　　持续的、小幅度的眼睑痉挛、眼球旋动、声音哽咽或面部扭曲；明显（多于 50%的时间）

4　Severe　　Forceful effort blepharospasm, oculogyration, choked voice or grimacing; occasional (<50% of the time)

　重度　　剧烈眼睑痉挛、眼球旋动、声音哽咽或面部扭曲；偶发（少于 50%的时间）

5　Extreme　　Forceful effort blepharospasm, oculogyration, choked voice or grimacing; noticeable (>50% of the time)

　极重度　　剧烈眼睑痉挛、眼球旋动、声音哽咽或面部扭曲；明显（多于 50%的时间）

Shoulders, upper limbs, hands 肩膀、上肢、手部

0　None　　No contraction at rest or during action

　无　　静止或运动时无收缩

1　Minimal　　Very mild contraction of shoulder, upper limb or hand; rare (<10% of the time)

　最小程度　　肩膀、上肢或手部肌肉非常轻微的收缩；罕见（少于 10%的时间）

2　Mild　　Mild contraction of shoulder, upper limb or hand; occasional (<50% of the time)

轻度　肩膀、上肢或手部肌肉轻度收缩；偶发（少于 50%的时间）

3 Moderate　Sustained min effort contraction of shoulder, upper limb or hand; noticeable (>50% of the time)

中度　肩膀、上肢或手部肌肉持续小幅度收缩；明显（多于 50%的时间）

4 Severe　Forceful effort contraction of shoulder, upper limb or hand; occasional (<50% of the time)

重度　肩膀、上肢或手部肌肉剧烈收缩；偶发（少于 50%的时间）

5 Extreme　Forceful effort contraction of shoulder, upper limb or hand; noticeable (>50% of the time)

极重度　肩膀、上肢或手部肌肉剧烈收缩；明显（多于 50%的时间）

Hips, lower limbs, feet 臀部、下肢、脚部

0 None　No contraction at rest or during action

无　静止或运动时无收缩

1 Minimal　Very mild contraction of hip, lower limb or foot; rare (<10% of the time)

最小程度　臀部、下肢或脚部肌肉非常轻微的收缩；罕见（少于 10%的时间）

2 Mild　Mild contraction of hip, lower limb or foot; occasional (<50% of the time)

轻度　臀部、下肢或脚部肌肉轻度收缩；偶发（少于 50%的时间）

3 Moderate　Sustained min effort contraction of hip, lower limb or foot; noticeable (>50% of the time)

中度　臀部、下肢或脚部肌肉持续小幅度收缩；明显（多于 50%的时间）

4 Severe　Forceful effort contraction of hip, lower limb or foot; occasional (<50% of the time)

重度　臀部、下肢或脚部肌肉剧烈收缩；偶发（少于 50%的时间）

5 Extreme　Forceful effort contraction of hip, lower limb or foot; noticeable (>50% of the time)

极重度　臀部、下肢或脚部肌肉剧烈收缩；明显（多于 50%的时间）

Trunk, neck 躯干、颈部

0 None　No contraction at rest or during action

无　静止或运动时无收缩

1 Minimal　Very mild contraction trunk bending or head turning; rare (<10% of the time)

最小程度　躯干弯曲或转头时出现非常轻微的收缩；罕见（少于 10%的时间）

2 Mild　Mild contraction trunk bending or head turning; occasional (<50% of the time)

轻度　躯干弯曲或转头时出现轻度收缩；偶发（少于 50%的时间）

3 Moderate　Sustained min effort trunk bending or head turning; noticeable (>50% of the time)

中度　躯干弯曲或转头时出现持续小幅度收缩；明显（多于 50%的时间）

4 Severe　Forceful effort contraction trunk bending or head turning; occasional (<50%

of the time)

重度 躯干弯曲或转头时出现剧烈收缩;偶发(少于50%的时间)

5 Extreme Forceful effort contraction trunk bending or head turning; noticeable (>50% of the time)

极重度 躯干弯曲或转头时出现剧烈收缩;明显(多于50%的时间)

Dyskinesia 运动障碍

Tongue 舌头

0 Absent No dyskinesia at rest or during action

无 静止或运动时无运动障碍

1 Minimal Very mild dyskinetic lateral or torsion movement of tongue; rare (<10% of the time)

最小程度 舌头侧伸或扭转时出现非常轻微的运动障碍;罕见(少于10%的时间)

2 Mild Lateral or torsion tongue dyskinesia within oral cavity; occasional (<50% of the time)

轻度 舌头在口腔内侧伸或扭转时出现运动障碍;偶发(少于50%的时间)

3 Moderate Lateral or torsion tongue dyskinesia within oral cavity; noticeable (>50% of the time)

中度 舌头在口腔内侧伸或扭转时出现运动障碍;明显(多于50%的时间)

4 Severe Near complete tongue protrusion dyskinesia (fly catching); occasional (<50% of the time)

重度 舌头几乎完全伸出(捕蝇动作)时出现运动障碍;偶发(少于50%的时间)

5 Extreme Near complete tongue protrusion dyskinesia (fly catching); noticeable (>50% of the time)

极重度 舌头几乎完全伸出(捕蝇动作)时出现运动障碍;明显(多于50%的时间)

Jaw 下颚

0 Absent No dyskinesia at rest or during action

无 静止或运动时无运动障碍

1 Minimal Very mild dyskinetic lateral, chewing or biting jaw movement; rare (<10% of the time)

最小程度 下颚在做侧转、咀嚼或咬合动作时出现非常轻微的运动障碍;罕见(少于10%的时间)

2 Mild Lateral, chewing or biting dyskinesia without jaw opening; occasional (<50% of the time)

轻度 下颚闭合下做侧转、咀嚼或咬合动作时出现运动障碍;偶发(少于50%的时间)

3 Moderate Lateral, chewing or biting dyskinesia without jaw opening; noticeable (>50% of the time)

中度 下颚闭合下做侧转、咀嚼或咬合动作时出现运动障碍;明显(多于50%

的时间）

4 Severe　Near complete jaw opening dyskinesia; occasional (<50% of the time)

重度　下颚几乎完全张开时出现运动障碍；偶发（少于 50%的时间）

5 Extreme　Near complete jaw opening dyskinesia; noticeable (>50% of the time)

极重度　下颚几乎完全张开时出现运动障碍；明显（多于 50%的时间）

Eyes, upper face, lower face 眼睛、上面部、下面部

0 Absent　No dyskinesia at rest or during action

无　静止或运动时无运动障碍

1 Minimal　Very mild dyskinetic blinking, or pouting; rare (<10% of the time)

最小程度　眨眼或撅嘴时出现非常轻微的运动障碍；罕见（少于 10%的时间）

2 Mild　Blinking, or pouting dyskinesia; occasional (<50% of the time)

轻度　眨眼或撅嘴时出现运动障碍；偶发（少于 50%的时间）

3 Moderate　Blinking, or pouting dyskinesia; noticeable (>50% of the time)

中度　眨眼或撅嘴时出现运动障碍；明显（多于 50%的时间）

4 Severe　Marked blinking, or pouting dyskinesia; occasional (<50% of the time)

重度　眨眼或撅嘴时出现明显运动障碍；偶发（少于 50%的时间）

5 Extreme　Marked blinking, or pouting dyskinesia; noticeable (>50% of the time)

极重度　眨眼或撅嘴时出现明显运动障碍；明显（多于 50%的时间）

Shoulders, upper limbs, hands 肩膀、上肢、手部

0 Absent　No dyskinesia at rest or during action

无　静止或运动时无运动障碍

1 Minimal　Very mild dyskinetic shoulder, limb or hand movement; rare (<10% of the time)

最小程度　非常轻微的肩膀、上肢或手部运动障碍；罕见（少于 10%的时间）

2 Mild　Unilateral dyskinesia of shoulder, limb or hand; occasional (<50% of the time)

轻度　肩膀、上肢或手部单侧运动障碍；偶发（少于 50%的时间）

3 Moderate　Unilateral dyskinesia of shoulder, limb or hand; noticeable (>50% of the time)

中度　肩膀、上肢或手部单侧运动障碍；明显（多于 50%的时间）

4 Severe　Bilateral dyskinesia of shoulder, limb or hand; occasional (<50% of the time)

重度　肩膀、上肢或手部双侧运动障碍；偶发（少于 50%的时间）

5 Extreme　Bilateral dyskinesia of shoulder, limb or hand; noticeable (>50% of the time)

极重度　肩膀、上肢或手部双侧运动障碍；明显（多于 50%的时间）

Hips, lower limbs, feet 臀部、下肢、脚部

0 Absent　No dyskinesia at rest or during action

无　静止或运动时无运动障碍

1 Minimal　Very mild dyskinetic hip, limb or foot movement; rare (<10% of the time)
最小程度　非常轻微的臀部、下肢或脚部运动障碍；罕见（少于10%的时间）

2 Mild　Unilateral dyskinesia of hip, limb or foot; occasional (<50% of the time)
轻度　臀部、下肢或脚部单侧运动障碍；偶发（少于50%的时间）

3 Moderate　Unilateral dyskinesia of hip, limb or foot; noticeable (>50% of the time)
中度　臀部、下肢或脚部单侧运动障碍；明显（多于50%的时间）

4 Severe　Bilateral dyskinesia of hip, limb or foot; occasional (<50% of the time)
重度　臀部、下肢或脚部双侧运动障碍；偶发（少于50%的时间）

5 Extreme　Bilateral dyskinesia of hip, limb or foot; noticeable (>50% of the time)
极重度　臀部、下肢或脚部双侧运动障碍；明显（多于50%的时间）

Trunk, neck 躯干、颈部

0 Absent　No dyskinesia at rest or during action
无　静止或运动时无运动障碍

1 Minimal　Very mild dyskinetic trunk bending or head turning; rare (<10% of the time)
最小程度　躯干弯曲或转头时出现非常轻微的运动障碍；罕见（少于10%的时间）

2 Mild　Mild trunk bending or head turning dyskinesia; occasional (<50% of the time)
轻度　躯干弯曲或转头时出现轻度运动障碍；偶发（少于50%的时间）

3 Moderate　Moderate trunk bending or head turning dyskinesia; noticeable (>50% of the time)
中度　躯干弯曲或转头时出现中度运动障碍；明显（多于50%的时间）

4 Severe　Marked trunk bending or head turning dyskinesia; occasional (<50% of the time)
重度　躯干弯曲或转头时出现明显运动障碍；偶发（少于50%的时间）

5 Extreme　Marked trunk bending or head turning dyskinesia; noticeable (>50% of the time)
极重度　躯干弯曲或转头时出现明显运动障碍；明显（多于50%的时间）

Akathisia 静坐不能

Subjective (reported by the patient) 主观报告（患者）

0 None 无

No feelings of restlessness/urge to move, nor distress reported.
没有感到坐立不安或运动冲动，也没有报告痛苦。

1 Minimal 最小程度

Slight vague feelings of restlessness/urge to move, minimally aware or distress. Rare (<10% of the time)
隐约感到有轻微的坐立不安或运动冲动，并对此有最低程度的感受或痛苦感。罕见（少于10%的时间）

2 Mild 轻度

Clearly identifiable feelings of restlessness/urge to move that are manageable, do not require treatment, mildly aware or distressed. No impact on daily activities. Occasional (<50% of the time)
明确感到坐立不安或运动冲动，但尚可控制，无需治疗，有轻微感受或痛苦感。对日常活动无任何影响。偶发(少于50%的时间)

3 Moderate 中度
Feelings of restlessness/urge to move require effort to manage, interfere with some daily activities, moderately aware or distressed. Patient may seek treatment. Noticeable (>50% of the time)
感到坐立不安或运动冲动，需努力控制，干扰某些日常活动，有中度感受或痛苦感。患者可能寻求治疗。明显(多于50%的时间)

4 Severe 重度
Feelings of restlessness/urge to move with significant impact on daily activities, intensely aware or distressed. Medications may not completely control symptoms. Occasional (<50% of the time)
感到坐立不安或运动冲动，对日常活动有显著影响，有强烈感受或痛苦感。药物可能无法完全控制症状。偶发(少于50%的时间)

5 Extreme 极重度
Feelings of restlessness/urge to move with severe impact on all daily activities, extremely aware or distressed. Medications have minimal effects. Noticeable (>50% of the time)
感到坐立不安或运动冲动，对所有日常活动都有严重影响，有极强烈感受或痛苦感。药物效果极小。明显(多于50%的时间)

Objective (observed during patient examination) **客观观察(检查患者时所见)**

0 None 无
No overt signs of restlessness or fidgeting.
无任何明显的坐立不安或烦躁迹象。

1 Minimal 最小程度
Slight restless movements, fidgeting or crossing-uncrossing of leg. Rare (<10% of the time)
轻微坐立不安、烦躁或双腿来回交叠。罕见(少于10%的时间)

2 Mild 轻度
Mild restless movements. Need to move at least one extremity, fidgets in his/her chair, rocks or crosses and uncrosses his/her legs. Occasional (<50% of the time)
轻度坐立不安。至少需要活动一个肢体，坐着时烦躁不安，晃动或来回交叠双腿。偶发(少于50%的时间)

3 Moderate 中度
Noticeable restless movements, but can remain seated. Need to move one extremity or to change position, fidgets in his/her chair, may rock back and forth, may need to stand up and walk. Noticeable (>50% of the time)
可见坐立不安，但仍能坐得住。需要活动一个肢体或改变姿势，坐着时烦躁不安，可能

前后晃动,可能需要站起来走一走。明显(多于50%的时间)

4　Severe 重度

Evident restless movements, unable to sit down for more than a short period of time. Rocking, need to get up and leave his/her seat, or to pace back and forth, or shift from foot to foot when standing. Occasional (<50% of the time)

明显坐立不安,无法稍长时间保持坐姿。晃动四肢,需要从椅子上站起来,或来回踱步,或站立时不停换脚。偶发(少于50%的时间)

5　Extreme 极重度

Unremitting severe restless movements, moves or walks constantly with no apparent control. Rocks uncontrollably, cannot sit still, paces back and forth, marches in place. Noticeable (>50% of the time)

持续严重坐立不安,不断活动或走动,且无明显控制。不受控地晃动四肢,无法静坐,来回踱步,原地踏步。明显(多于50%的时间)

Clinical Global Impression of Movement Severity (CGI-MS) 运动严重程度的临床总体印象

Parkinsonism 帕金森综合征

0　Absent 无

1　Minimal 最小程度

2　Mild 轻度

3　Moderate 中度

4　Severe 重度

5　Extreme 极重度

Dystonia 肌张力障碍

0　Absent 无

1　Minimal 最小程度

2　Mild 轻度

3　Moderate 中度

4　Severe 重度

5　Extreme 极重度

Dyskinesia 运动障碍

0　Absent 无

1　Minimal 最小程度

2　Mild 轻度

3　Moderate 中度

4　Severe 重度

5　Extreme 极重度

Akathisia 静坐不能

0　Absent 无

1 Minimal 最小程度
2 Mild 轻度
3 Moderate 中度
4 Severe 重度
5 Extreme 极重度

附 录

ESRS-A 评定说明

本量表用于全面测评由药物引起的锥体外系体征和症状。将肌张力障碍以及帕金森综合征、运动障碍和静坐不能集中于一个单独的量表内，可同时了解主观静坐不能的所有症状及其客观检测。

评分是基于评分员对每个运动亚型的全部临床经验。

有28个条目：

—4个分量表对应4种运动亚型：

- 帕金森综合征分量表：10个条目
- 肌张力障碍分量表：6个条目
- 运动障碍分量表：6个条目
- 静坐不能分量表：2个条目

—运动严重程度的临床总体印象（CGI-MS）包括4个条目：帕金森综合征、肌张力障碍、运动障碍和静坐不能

评分要求：

1. 每个条目为0~5分，有定义明确的评分标准。评分时须同时考虑所评估的特定运动障碍的频率和严重程度或强度。

2. 症状或体征的总体规范

0	Absent 无	Completely absent 完全不存在
1	Minimal 很轻	Mild or barely perceptible 轻度的或几乎觉察不到的
2	Mild 轻度	Some evidence 有些表现
3	Moderate 中度	Definite presence 确实存在
4	Severe 重度	Markedly present 明显存在
5	Extreme 极重度	Incapacitating or present > 50% of time 无法承受或存在时间超过50%

3. Parkinsonism 帕金森综合征　由药物引起的帕金森综合征包括6种单独的运动失调：强直、震颤、面部表情或言语减少、步态或姿势受损、姿势不稳、运动徐缓或运动功能减退。在这些运动评分时须记录您的观察结果。请勿尝试辨别颤抖的病因。注意：这些可能单独或以并发症形式出现，可能与其他运动障碍同时存在。

4. Dystonia 肌张力障碍　是一种运动障碍，表现为肌肉收缩和扭曲，有时伴有重复抽搐或扭曲运动，导致患者呈现异常姿势或姿态。两种类型：急性肌张力障碍，为突发潜在

的痛性肌肉痉挛，造成肌群抽搐或扭曲和潜在异常姿势，如斜颈、舌部肌张力障碍；慢性肌张力障碍：指肌肉持续收缩的慢性状况，常常引发扭曲和异常姿势。注意：这些症状可能与运动障碍并发，可能存在于静止和或运动中，受试者可能并未意识到肌张力障碍的慢性病症。

5. Dyskinesia 运动障碍　重复的、无规律的、舞蹈样、低频率、无目的和不自主运动，可能影响上肢、下肢和或躯干，以及脸部。可能在静止时自发出现，也可能仅在患者进行分散注意的随意运动时方可观察到，或症状会加剧。

6. Akathisia 静坐不能　DSM-Ⅳ-TR 研究标准中神经阻滞剂所致急性静坐不能同时包括服用神经阻滞剂后主观诉说的坐立不安以及至少一个可观察到的运动性不安表现。主观感觉内心躁动不安，有运动冲动和（或）有客观运动，如一侧肢体的不安运动、变换姿势。注意：澄清患者的诉说，区分“坐立不安”与焦虑、激越、失眠、成人注意缺陷多动障碍、不安腿综合征、震颤、运动障碍；主观性静坐不能的严重程度须根据患者过去 7d 的表现予以评估；可能与其他症状或体征并发，而并发症易于受很大的随意性控制；涉及潜在运动冲动（在慢性病例中，患者可能偶尔未完全意识到运动的强制力）。

7. 检查前准备

* 提供一把不带扶手的椅子和一张书桌或写字台，方便患者书写

* 一把高凳用于运动检查，以更好地评估脚和小腿的运动（即脚不放于地面）

* 房间须足够大，以便患者能大步走路（可能会使用走廊）

8. 实施步骤为三阶段过程　临床语言面谈、运动检查、完成评分（包括分量表项目和 CGI-MS 项目）。

9. 临床面谈

* 临床面谈开始前，让患者：

—移除嘴里的所有东西（牙托除外）

—坐在距写字台约 30cm（1 英尺）的椅子（不带扶手）上，面向检查者

—脱掉鞋子以观察是否存在脚和脚趾运动（若临床检查不恰当，可能会省略脱鞋或延误至运动检查时才脱鞋）

* 临床面谈期间：

—观察患者的异常运动，包括异常的面部表情

—半结构式临床面谈运用主要问题和后续问题，以探究不自主运动是否存在及其严重程度

—主要问题举例：

● 帕金森综合征：“您是否发现您的肌肉僵直、麻木或疼痛？”

● 肌张力障碍：“您是否注意到您的肌肉有时收缩、变紧或不自主地痉挛？”

● 运动障碍：“您是否发现您身体的某些部分不自主运动、做舞蹈样或无规律运动？”

● 静坐不能：“在过去 7d 中您是否意识到内在的坐立不安感，或在白天或夜晚中有四处运动的需要或冲动？”

—后续问题举例：

● 这种状况多久发生一次？

● 这些运动对您的困扰有多严重？

- 您如何减轻这些症状？
- 这些症状在白天也同样糟糕吗？
- 这些症状是如何影响您的日常活动的？

10. 运动检查

＊运动检查由几个简短的活动组成，包括：

—震颤和平衡测试

—在患者运动时，评估症状是否存在或改变

＊在需要做进一步澄清或患者的状况需要时，须调整运动检查

＊请患者：

—手掌向下展开双臂，闭上眼睛，至少坚持30s（注意姿势性震颤、口部运动障碍和躯干肌张力障碍）

—尽可能快地上下翻转两个手掌（注意运动功能减退、震颤、口部运动障碍和脸部肌张力障碍）

＊两只手腕同时做快速交替运动（注意运动功能减退、震颤、口部运动障碍和脸部肌张力障碍）

＊请患者尽可能快地用示指按压大拇指（注意运动功能减退、震颤、口部运动障碍和脸部肌张力障碍）

＊请患者转过身，坐在距写字台大概30cm（1英尺）的地方，让其用两只手分别画出下面的漩涡图形（注意动作震颤、口部运动障碍、脸部肌张力障碍和下肢运动障碍，并注意是否存在任何震颤及其幅度）



＊为进一步评估有无面具脸的存在，请患者扮鬼脸、皱眉和大笑

＊患者坐下后，让其放松，在全幅度活动范围内转动其肩膀、手腕、手肘、膝盖和颈部以检查四肢和颈部肌张力，检查主要关节对被动运动的抵抗、铅管样强直和齿轮样强直。

＊请患者快速走出4~5m（12~15英尺）远，然后向着检查者走回来（注意脚步和手臂摇摆运动），2次测试后，请患者用更快的速度行走，以评估运动强度增大后可能出现的身体运动迟缓或其他症状的改变。观察步态，留意震颤、运动减慢、未摆动手臂、姿势（包括稳定性）和肌张力障碍。评估症状是否改善、继续或加重。

＊姿势的不稳定性测试

—当患者要摔倒时，准备好接住他或她

—请患者睁开双眼笔直站立

—告诉患者“我马上要推您一下，希望您试着不让自己摔倒”

—突然而坚决地推一下患者两边肩膀一次（侧推）

—突然而坚决地推一下患者的后背（后推）

＊请患者两脚分开1~2cm站立，从后背突然拉其两边肩膀（后退），观察患者是否能够保持平衡，包括迅速修复短时的平衡失调，同时观察患者好像会失去平衡时的挣扎

状态

11. 评分

＊完成临床面谈和运动检查后，给 ESRS-A 评分

＊完成全部 4 个分量表的单一条目评分后，再为每一种运动亚型的运动严重程度的临床整体印象（CGI-MS）评分。请注意，CGI-MS 使用与单一的 ESRS-A 条目相同的 0~5 分评分级别。

＊评定全部共同存在的异常运动

＊评分须同时考虑所评估运动的发生频率和严重程度或强度

＊每个评分均须围绕特定症状的评分标准反映出该症状的整体临床判断

参 考 文 献

Chouinard G, Margolese HC. Manual for the Extrapyramidal Symptom Rating Scale (ESRS). Schizophrenia Research, 2005, 76(2/3): 247-265.

四、辛普森-安格斯量表(SAS)

辛普森-安格斯量表(Simpson-Angus Scale，SAS)

Please check the appropiate box for each of the items mentioned below. 请为以下每一项条目选择一个恰当的评分。

1. Gait 步态

The subject is examined as he or she walks into the examining room. Gait, swing of his/her arms and general posture are observed, and all form the basis for the overall score. This is rated as follows: 当受试者步入检查室时，对其进行检查。观察受试者的步态、手臂摆动和一般姿势，所有这些构成了该项条目总体评分的依据。根据以下标准进行评分：

0: normal 正常

1: diminution in swing while the subject is walking 受试者行走时手臂摆动减少

2: marked diminution in swing with obvious rigidity in the arm 双臂摆动明显减少，伴有明显的手臂僵直

3: stiff gait with arms held rigidly before the abdomen 步态僵硬，伴有双臂僵直放在腹前

4: stooped shuffling gait with propulsion and retropulsion 弯腰驼背拖足而行的步态，伴有前冲或后倾

2. Arm dropping 落臂

The subject and the examiner both raise their arms to shoulder height and let them fall to their sides. In a normal subject a stout slap is heard as the arms hit the sides. In the subject with extreme Parkinson's syndrome the arms fall very slowly: 受试者和检查者都将手臂举到肩膀高度，然后让手臂向两侧落下。在正常受试者，当手臂碰击身体两侧时可以听到响亮的拍击声。在患有严重帕金森综合征的患者，手臂落下非常缓慢：

0: normal, free fall with loud slap and rebound 正常，双臂自由落下时伴有响亮的拍击声和回弹
1: fall slowed slightly with less audible contact and little rebound 落下稍缓慢，可听到较轻的接触声和小幅度的回弹
2: fall slowed, no rebound 落下缓慢，无回弹
3: marked slowing, no slap at all 落下明显缓慢，完全无拍击声
4: arm fall as though against resistance; as though through glue 双臂落下犹如遇到阻力；像被胶水黏住一样

3. Shoulder shaking 摇肩

The subject's arms are bent at a right angle at the elbow and are taken one at a time by the examiner who grasps one hand and also clasps the other around the subject's elbow. The subject's upper arm is pushed to and fro and the humerus is externally rotated. The degree of resistance from normal to extreme rigidity is scored as follows: 将受试者的手臂在肘部弯曲成直角，每次检查一只手臂，检查者一只手握住其手，同时将另一只手紧握受试者的肘部。将受试者的上臂前后来回推动，并将肱骨外旋。根据以下标准评价阻力程度，从正常到极度僵直：
0: normal 正常
1: slight stiffness and resistance 轻度僵直和阻力
2: moderate stiffness and resistance 中度僵直和阻力
3: marked rigidity with difficulty with passive movement 明显僵硬，伴有被动运动困难
4: extreme stiffness and rigidity with almost a frozen shoulder 极度僵直和僵硬，几乎呈冻肩

4. Elbow rigidity 肘强直

The elbow joints are separately bent at right angles and passively extended and flexed, with the subject's biceps observed and simultaneously palpated. The resistance to this procedure is rated. (The presence of cogwheel rigidity is noted separately.) 分别将肘关节弯曲成直角，并被动屈伸，观察并同时触摸受试者的肱二头肌。对该操作的阻力进行评定(分别记录是否存在齿轮样强直)。
0: normal 正常
1: slight stiffness and resistance 轻微僵直和阻力
2: moderate stiffness and resistance 中度僵直和阻力
3: marked rigidity with difficulty in passive movement 明显僵硬，伴有被动运动困难
4: extreme stiffness and rigidity with almost a frozen elbow 极端僵直和僵硬，几乎为冻肘

5. Wrist rigidity 腕强直

The wrist is held in one hand and the fingers held by the examiner's other hand, with the wrist moved to extension flexion and both ulnar and radial deviation. The resistance to this procedure is rated as follows: 检查者一只手握住手腕，另一只手握住手指，屈伸手腕，并将

手腕向尺侧和桡侧活动。根据以下标准对该操作的阻力进行评定：
0: normal 正常
1: slight stiffness and resistance 轻微僵直和阻力
2: moderate stiffness and resistance 中度僵直和阻力
3: marked rigidity with difficulty in passive movement 明显僵硬，伴有被动运动困难
4: extreme stiffness and rigidity with almost a frozen wrist 极度僵直和僵硬，几乎为冻腕

6. Leg pendulousness 腿的摆动

The subject sits on a table with his legs hanging down and swinging free. The ankle is grasped by the examiner and raised until the knee is partially extended. It is then allowed to fall. The resistance to falling and the lack of swinging form the basis for the score on this item: 让受试者坐在检查台上，双腿下垂并自由摆动。检查者握住其踝部，并上抬直到膝关节部分伸展。然后让腿落下。落下有阻力和缺少摆动是本项条目评分的依据：
0: the legs swing freely 双腿自由摆动
1: slight diminution in the swing of the legs 双腿摆动轻度减少
2: moderate resistance to swing 摆动有中度阻力
3: marked resistance and damping of swing 明显有阻力和摆动减幅
4: complete absence of swing 完全无摆动

7. Head rotation 头部转动

The subject sits or stands and is told that you are going to move his head from side to side, that it will not hurt, and that he should try and relax. (Questions about pain in the cervical area or difficulty in moving his head should be obtained to avoid causing any pain.) Clasp the patient's head between the two hands with the fingers on the back of the neck. Gently rotate the head in a circular motion 3 times and evaluate the muscular resistance to this movement. 受试者坐着或站着，被告知检查者要将他的头左右摆动，但不会受伤，他应该尝试一下并放松。(检查者应获知有颈部疼痛或头部移动困难的问题以避免引起疼痛)。在颈后用手指将受试者的头抱在两手之间。轻轻转动头部一圈共 3 次，评价肌肉对该活动的阻力。
0: loose, no resistance 松弛，无抵抗
1: slight resistance to movement although the time to rotate may be normal 活动时有轻度阻力，尽管转动时间可能正常
2: resistance is apparent and time of rotation is shortened 阻力明显，转动时间减少
3: resistance is obvious and rotation is slowed 阻力明显，转动减慢
4: head appears stiff and rotation is difficult to carry out 头部出现僵直，转动困难

8. Glabella tap 眉间轻敲

The subject is told to open his eyes wide and not to blink. The glabella region is tapped at a steady, rapid speed. The number of times the subject blinks in succession is noted: 告诉受试者张大双眼、不要眨眼。以稳定的速度快速轻敲其眉间区域。记录受试者连续眨眼的

次数：
0: 0–5 blinks 0~5 次眨眼
1: 6–10 blinks 6~10 次眨眼
2: 11–15 blinks 11~15 次眨眼
3: 16–20 blinks 16~20 次眨眼
4: 21 or more blinks 21 次以上眨眼

9. Tremor 震颤

The subject is observed walking into examining room and then is re-examined for this item: 受试者步入检查室时对其进行观察，然后重新检查该项：
0: normal 正常
1: mild finger tremor, obvious to sight and touch 轻度的手指震颤，在观察和触摸时较为明显
2: tremor of hand or arm occurring spasmodically 手或者手臂的间歇性震颤
3: persistent tremor of one or more limbs 一个或一个以上肢体的持续性震颤
4: whole body tremor 全身震颤

10. Salivation 流涎

The subject is observed while talking and then asked to open his /her mouth and elevate the tongue. The following ratings are given: 在患者讲话时对其进行观察，然后要求其张开嘴并抬起舌头。按以下标准进行评分：
0: normal 正常
1: excess salivation to the extent that pooling takes place if the mouth is open and the tongue raised 口涎过多至张嘴和抬舌时发生口涎积聚
2: excess salivation is present and might occasionally result in difficulty in speaking 口涎过多，并可能偶尔造成说话困难
3: speaking with difficulty because of excess salivation 因口涎过多而说话困难
4: frank drooling 明显口涎外流

附 录 一

SAS 评定说明

本量表用于评定抗精神病药物治疗中所引起的锥体外系统副反应。评估步态、手臂、头部和腿的僵硬度及震颤和流涎。本量表最初发展始于一种观点，即认为抗精神病药物的效果“与其产生锥体外系症状的倾向性成正比”。研究显示该量表的内部信度一致性好，α 系数可达 0.79~0.83。

包括 10 项条目的神经系统检查，分 0~4 分的 5 级评分。

评估肌张力障碍：短暂的或持续的肌肉收缩，通常是头部、颈部和舌头的肌肉。喉部或咽部的肌张力障碍是急症，其他表现包括动眼危象（单眼或双眼上翻）、伸舌和斜颈。

评估帕金森综合征：药源性帕金森综合征通常表现为与特发性帕金森综合征一样的症状群，静止性震颤（节律为 3~6 次/s）、强直（铅管样或齿轮样）、运动迟缓（面具脸、始发

动作困难、步态拖曳、走路时手臂摆动减少、自发动作减少）。如果存在强直且定向障碍，则不可能是帕金森综合征，须除外恶性综合征。

不足之处：未包括评定运动不能或运动迟缓的条目；有些评分标准定义显得不精确，如“响亮的拍击声”不是一个量化指标；有几个条目是评估时常有困难，如腿的摆动。

附　录　二

运动神经副作用量表（moter side effect rating scales）检查程序

SAS、BARS 和 AIMS 可用这个程序一同完成检查。

1. 在检查前

● 在患者休息的时候观察患者（例如，当患者正在候诊区里等候时，或是检查者与患者父母或看护者谈论病情时）。

● 观察患者进入或离开检查室时的步态。

2. 检查椅

● 应该要有一个坚固的椅面和靠背，但没有扶手。

● 将靠背稍微地往后倾。

3. 第一部分的检查

当您和患者同时都坐着的时候，才检查患者。请确保您和患者之间的距离足够让您看到患者所有的躯体部位。当您检查某部位时，请继续观察患者所有的躯体部位。在整个检查的过程中，请留意静坐不能特有的坐立不安运动。

● 询问患者是否他（她）的嘴里面有任何东西，例如，口香糖或糖果。如果有的话，请他（她）将它吐掉。

● 询问患者他（她）目前牙齿的健康情况。询问患者或是患者的父母：他（她）是否佩戴固定式牙套、可移动的牙齿固定器、或是佩戴任何其他牙科装备（例如义齿，尽管这在儿科研究里较不可能出现）？询问患者的牙齿或牙套（或牙齿固定器）是否造成其任何的不适？

● 让患者坐在检查椅上，双手放在膝盖上，双腿稍微分开，并且脚平放在地板上。请观察患者在这个姿势时全身的运动。

● 要求患者坐在椅子上时，双手无支撑地垂放在身体两侧。要求患者双手握拳，再将拳头打开以助放松双手。要求他（她）将双手轻松地放在膝盖上休息。请观察患者的双手以及其他躯体部位。

● 如果时间允许，永远在检查结束的时候，要求患者脱掉鞋子和袜子。这个动作能够显示出细微的运动迟缓，并且让您能清楚地观察到患者双脚的细微外周运动。请记住：对于某些患者来说，这可能是一个恼人的要求。对于一些有明显被害妄想或敌意症状的患者而言，这样的要求可能会使往后的合作更加困难。

● 要求患者张开他（她）的嘴巴。请观察患者的舌头在嘴巴里休息时的状态。请至少重复检查 2 次。

● 要求患者伸出舌头。请观察舌头的运动是否异常。请至少重复检查 2 次。

● 要求患者在 10~15s 的时间内，将每根手指尽可能快速地与拇指两两相碰；再将左右手的手指两两相碰。请用您的双手先示范这个动作给患者看，让患者清楚地知道您要

求的动作是什么。指尖触碰是一种能帮助患者减轻其他部位不自主运动的活动。当患者结束指尖触碰活动后，请立即观察患者脸部和双腿的运动。在进行 AIMS 评分时，依照惯例，因为受到激发而产生的运动应比观察到的自发性运动要降低 1 分。

4. 第二部分的检查

当患者仍然坐着的时候，请您站起来并且靠近患者。

● 站在患者的旁边，并且站在患者的视线以外的地方，施行眉间轻敲检查。检查时，要求患者尽量不要眨眼，轻轻地但是快速地敲击患者的前额(眉毛之间，正中央的地方)。

● 请轻轻地扶着患者的头部，将患者的颈部分别地向前后与向左右弯曲延伸，接着轻轻地转动患者的颈部。这项动作是检查患者颈部的强直程度。

● 观察患者的舌头下方，检查是否有唾液积聚的现象。如果检查时发现舌头有不自主运动，在评定 AIMS 时，给这个现象的分数低于自然观察到的现象的分数 1 分。

5. 第三部分的检查

当您还站在患者身旁时，要求患者站起来。

检查患者的手臂(3 个关节、两侧)僵直程度：

● 弯曲及延伸患者的手肘。

● 弯曲及延伸患者的手。

● 转动患者的肩膀。

6. 第四部分的检查

要求患者坐在诊疗床或是检查台上，此时，患者的双脚无法着地。

检查患者的腿部僵直程度：

● 首先，将患者的膝盖弯曲及伸直，当触碰患者的股四头肌时，检查肌肉的僵硬程度。

● 接着，将患者的单腿伸直，以钟摆方式摆动患者的腿，并且在同时间观察摆动、弯曲、伸直时的自由度。

7. 第五部分的检查

让患者站起来，并且往后退几步，退到足够让您观察到患者所有的躯体部位。

● 要求患者向 4 个方位 360°地转身。从前面、侧身、后面、另一侧身，接着再从一开始面向的位置进行观察。当您持续观察患者的全身时，请同时观察躯干的不自主运动。

● 要求患者将双臂伸展到他(她)的前方并且展开 5 根手指。请注意是否有震颤的情况。

● 要求患者朝着身体的两侧伸展双臂，将双臂举到与肩同高，并且让双臂自由地落下再至身体两侧。观察拍击声与回跳程度……请重复这个动作 2 次。

● 为了检查患者的自然步态，在患者走进及走出诊疗室的时候观察或许是最不引起患者注意的方式。除此之外，要求患者轻松自然地沿着走廊走出去，再以好像要赶时间的方式走回来。观察是否有帕金森综合征的步态及双臂摆动……请做这个动作 2 次。

8. 第六部分的检查

当您和患者站在一起时，请与患者谈论一些中性话题：

● 请观察静坐不能的特征性不安运动。

● 请询问患者和(或)患者父母(或看护者)，是否有注意到患者在口部、脸部、双手或双脚有任何运动。如果“有”，要求他(她)描述运动的情况，及该情况通常烦扰患者或影响

患者活动到什么程度。

- 调查患者主观方面的不安意识，包括：

—非特定的内心不安

—意识到在维持双腿不动方面格外有困难，或是有移动双腿的渴望，以及（或）让其双腿不动站立的要求（例如，站在一条线上等待），尤其会让其内心不安加重。

—意识到在大部分的时间都有想要移动的强烈冲动，以及（或）在大部分的时间都有想要走动或是来回踱步的强烈渴望。

如果患者有向您诉述其中的任何一项，请判断该项情况令患者苦恼到什么程度。

9. 在完成检查之后

- 请根据 AIMS 每一个条目的分级标准来评定观察到的运动。
- 可以使用适用的量表来评估其他的锥体外系副作用，例如，帕金森综合征和静坐不能。

参 考 文 献

1. Simpson GM, Angus JW. A rating scale for extrapyramidal side effects. Acta Psychiatr Scand, 1970, 212(Suppl 44): 11-19.
2. 张明园. 精神科评定量表手册. 长沙：湖南科学技术出版社. 1993, 204-206.

五、巴恩斯静坐不能量表(BARS)

巴恩斯静坐不能量表(Barnes Akathisia Rating Scale, BARS)

Answer questions by filling in the appropriate circle for each item. 为每一项条目圈出一个恰当的回答。

INSTRUCTIONS FOR ASSESSMENT 评分指导

Subjects should be observed while they are seated, and then standing while engaged in neutral conversation (for a minimum of two minutes in each position). Symptoms observed in other situations, for example, while engaged in routine activities, may also be rated, Subsequently, the subjective phenomena should be elicited by direct questioning. 应在患者取坐位时进行观察，然后一边与其自然交谈，一边让其站立（每个姿势保持至少 2min）。在其他情况下，如从事日常活动时，观察到的症状也可以评定。随后，主观感觉应采用直接提问的方式获得。

OBJECTIVE 客观

0: Normal, occasional fidgety movements of the limbs 正常，偶尔有肢体不安的活动

1: Presence of characteristic restless movements; shuffling or tramping movements of the legs/feet, or swinging of one leg while sitting, and/or rocking from foot to foot or “walking on the spot” when standing, but movements present for less than half the time observed. 存在特征性的坐立不安动作：在坐位时腿（脚）的曳行或做踏步运动，或一条腿摆动，和（或）

在站立时两脚来回摆动或“原地踏步”,但这些动作存在的时间少于观察时间的一半。

2: Observed phenomena, as described in ‘1’ above, which are present for at least half the observation period. 观察到如上述“1”中描述的现象,且存在的时间占到观察时间的至少一半。

3: The subject is constantly engaged in characteristic restless movements, and/or is unable to remain seated or standing without walking or pacing, during the time observed. 在观察期间,患者不断出现特征性的坐立不安动作,和(或)患者不能保持坐位或站立而不走动或踏步。

SUBJECTIVE 主观

Awareness of restlessness **对坐立不安的知觉**

0: Absence of inner restlessness 不存在内在的不安感

1: Non-specific sense of inner restlessness 非特异性的内在不安感

2: The subject is aware of an inability to keep the legs still, or a desire to move the legs and/or complains of inner restlessness aggravated specifically by being required to stand or sit still. 患者意识到不能保持腿不动,或感到对腿部活动的渴求,和(或)诉说尤其在被要求静立或静坐时内心不安感加重。

3: Awareness of an intense compulsion to move most of the time and/or reports strong desire to walk or pace most of the time. 感到在大部分时间有一种强烈地要求活动的冲动,和(或)报告在大部分时间有强烈的走动或踏步的意愿。

Reported distress related to restlessness **诉说与坐立不安相关的痛苦**

0: No distress 无痛苦

1: Mild 轻度

2: Moderate 中度

3: Severe 重度

Global clinical rating of akathisia 对静坐不能的总体临床评价

0: Absent—No evidence or awareness of restlessness. Observation of characteristic movements of akathisia in the absence of a subjective report of inner restlessness or compulsive desire to move the legs should be classified as pseudoakathisia. 无——无感觉到坐立不安的证据或意识。观察到特征性的静坐不能动作,若没有内在不安感或活动腿部的冲动性渴求的主观报告,应当归入假性静坐不能一类。

1: Questionable—Non-specific inner tension and fidgety movements. 可疑——非特异性的内在紧张感和不安动作

2: Mild Akathisia—Awareness of restlessness in the legs, and/or inner restlessness worse when required to stand still. Fidgety movements present, but characteristic restless movements of akathisia not necessarily observed. Condition causes little or no distress. 轻度静坐不能——意识到腿部的不能静止,和(或)在被要求静止站立时内在不安感会加重。存在

不安动作,但不一定能观察到特征性的静坐不能的坐立不安动作。这种情况引起轻微痛苦或不引起痛苦。

3: Moderate akathisia—Awareness of restlessness as described for mild akathisia above, combined with characteristic restless movements, such as rocking from foot to foot when standing. Subject finds the condition distressing. 中度静坐不能——意识到有上述轻度静坐不能的坐立不安,同时有特征性的坐立不安动作,如在站立时两脚来回摆动。患者感到这种情况令人痛苦。

4: Marked akathisia—Subjective experience of restlessness includes a compulsive desire to walk or pace. However, the subject is able to remain seated for at least five minutes. The condition is obviously distressing. 显著静坐不能——有主观的坐立不安经历,包括有走动或踏步的冲动性渴求。但患者能够保持坐姿至少 5min。该情况明显令人痛苦。

5: Severe akathisia—The subject reports a strong compulsion to pace up and down most of the time. Unable to sit or lie down for more than a few minutes. Constant restlessness which is associated with intense distress and insomnia. 严重静坐不能——患者诉说绝大多数时间存在强烈地想要上下踏步的冲动。不能坐下或躺下数分钟。持续性不能静止并伴有强烈的痛苦和失眠。

附　　录

BARS 评定说明

本量表用于评定静坐不能的客观和主观表现。

4 项神经系统检查,评分为 0~3 的 4 级或 1~5 的 5 级。

静坐不能主观表现为内在不安感和(或)不得已活动的迫切感,客观表现可包括:站或坐时摇晃、抬腿走步似乎在现场行军、坐时交叉双腿又放下。静坐不能必须同精神分裂症患者常见的焦虑和紧张性行为区别开, 考虑症状的出现时间及与下列内容的关系:开始服用药物的时间、主动控制症状的能力、与心理事件的关联等。患者通常能够区分真正的静坐不能和焦虑。

对坐立不安的主观知觉是诊断真正的静坐不能必需的, 如果患者对坐立不安无知觉,他/她不会有痛苦感——评分为“0”。对痛苦感(与坐立不安相关的)的评定是通过询问患者来评估的,最好在正式检查期间观察患者(坐、站)而患者并不知道其正在被观察。

参 考 文 献

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六、异常不自主运动量表(AIMS)

异常不自主运动量表(Abnormal Involuntary Movement Scale, AIMS)

Please complete the examination procedure as detailed in the Trial Manual before making the ratings. Rate the highest severity observed and rate movements that occur on activa-

tion one less than those observed spontaneously. Answer each item by filling in the appropriate circle. 在进行评级之前请按试验手册要求详细完成检查程序。对观察到的最严重的情况进行评级,活动时发生的运动要比自发出现者低一个等级。为每一项条目圈出恰当的回答。

A) Facial and oral movements 面部及口部运动

1. Muscles of facial expression 面部表情肌肉

(e.g., movements of forehead, eyebrows, periorbital area, cheeks, including frowning, blinking, smiling, grimacing 例如,前额、眉毛、眶周区域、脸颊部的运动。包括皱眉、眨眼、微笑、扮鬼脸)

0: None 无
1: Minimal, may be extreme normal 轻微,可能很正常
2: Mild 轻度
3: Moderate 中度
4: Severe 重度

2. Lips and perioral area 唇部和口周区域

(e.g., puckering, pouting, smacking 例如,嘬嘴、撅嘴、咂嘴)

0: None 无
1: Minimal, may be extreme normal 轻微,可能很正常
2: Mild 轻度
3: Moderate 中度
4: Severe 重度

3. Jaw 下颌

(e.g., biting, clenching, chewing, mouth opening, lateral movement 例如,咬合、咬紧牙关、咀嚼、张口、侧向运动)

0: None 无
1: Minimal, may be extreme normal 轻微,可能很正常
2: Mild 轻度
3: Moderate 中度
4: Severe 重度

4. Tongue 舌头

(e.g., rate only increase in movement both in and out of mouth , not inability to sustain movement 仅于舌在口腔内外运动增多时评定,不评定无法维持的运动)

0: None 无
1: Minimal, may be extreme normal 轻微,可能很正常
2: Mild 轻度

3: Moderate 中度

4: Severe 重度

B）Extremity movements 四肢运动

5. Upper arm（arms, wrist, hands, fingers）上肢(手臂、腕部、手、手指)

Include choreic movements（rapid, objectively purposeless, irregular, spontaneous), athetoid movements（slow, irregular, complex, serpentine). Do not include tremor（repetitive, regular, rhythmic）包括舞蹈样动作(即快速的、无客观目的的、无规律的、自发的)，手足徐动症样运动(即缓慢的、无规律的、复杂的、扭动的)。不包括震颤(即重复的、规律的、有节奏的)

0: None 无

1: Minimal, may be extreme normal 轻微，可能很正常

2: Mild 轻度

3: Moderate 中度

4: Severe 重度

6. Lower（legs, knees, ankles, toes）下肢(腿、膝、踝部、脚趾)

（e.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion or eversion of foot 例如，膝关节侧向运动、足部轻叩、脚跟下落、足部扭动、足内翻或外翻)

0: None 无

1: Minimal, may be extreme normal 轻微，可能很正常

2: Mild 轻度

3: Moderate 中度

4: Severe 重度

C）Trunk movements 躯干运动

7. Neck, shoulders, hips 颈部、肩部、髋部

（e.g., rocking, twisting, squirming, pelvic gyrations 例如，摇动、转动、扭动、髋部转动)

0: None 无

1: Minimal, may be extreme normal 轻微，可能很正常

2: Mild 轻度

3: Moderate 中度

4: Severe 重度

D）Global judgements 总体评定

8. Severity of abnormal movements 异常运动的严重程度

依据上述条目的最高单项得分而定。

0: None/normal 无、正常

1: Minimal 轻微

2: Mild 轻度
3: Moderate 中度
4: Severe 重度

9. Incapacitation due to abnormal movements 因异常运动而影响正常运动
0: None/normal 无、正常
1: Minimal 轻微
2: Mild 轻度
3: Moderate 中度
4: Severe 重度

10. Subject's awareness of abnormal movements (rate only subject's report) 患者对异常运动的觉察(仅根据患者的报告进行评级)
0: No awareness 未觉察到
1: Aware, no distress 觉察到,无痛苦
2: Aware, mild distress 觉察到,轻度痛苦
3: Aware, moderate distress 觉察到,中度痛苦
4: Aware, severe distress 觉察到,严重痛苦

E) Dental status 牙齿状况
11. Current problems with teeth and/or dentures 牙齿和(或)义齿目前是否有问题
0: No 否
1: Yes 是

12. Does the subject usually wear dentures? 患者是否经常戴义齿?
0: No 否
1: Yes 是

附　　录

AIMS 评定说明

本量表用于评估可能与药物有关的异常运动(运动障碍)。

包括 12 项神经系统检查,前 7 项系统评估面部和口部运动、四肢和躯干运动,第 8~10 项是总体评定涉及严重程度、功能受损及症状所致的痛苦感。第 8 项评分依据上述项目的最高单相得分而定,第 11~12 项是评估牙齿状况。

检查要求:要在患者未觉察到其正在被评定时进行观察;使用硬座、稳固且不带扶手的椅子以便标准化评估;要求患者取出可能在他们口腔里的假牙或糖果;要求患者演练可消除不自主运动,如手指轻扣、双臂屈伸、走步等。

前 10 项是按严重程度从 0(无症状)到 4(重度)递增来评定。前 7 项的评分需考虑不自主运动的数量、频度和幅度。1 分(轻微)可能是正常范围的极限,只有激发下才可见的

运动需减去 1 分。需区分颤抖和运动障碍表现。按检查中观察到的最严重程度来评分。

参 考 文 献

1. Guy W. ECDEU Assessment Manual for Psychopharmacology. Revised, USA: Rockville. HEW, 1976, 534-537.
2. 张明园. 精神科评定量表手册. 长沙:湖南科学技术出版社, 1993: 207-212.

第三节　Epworth嗜睡量表(ESS)

Epworth嗜睡量表(Epworth Sleepiness Scale,ESS)

与仅仅是感觉劳累不同,在下列情况下您发生打瞌睡或睡着的可能性如何?此处指的是最近一段时间您生活中的通常情况。即使您最近未进行下列活动,亦请您仔细思考它们可能会如何影响您。使用以下量表对每一种情况选择最合适的选项并在相应的方框中打"√"。

	嗜睡情况的改变			
情况	从不打瞌睡(0)	轻度可能(1)	中度可能(2)	高度可能(3)
1. 坐着阅读	□	□	□	□
2. 看电视	□	□	□	□
3. 在公共场合坐着,不活动(如剧院或会议)	□	□	□	□
4. 以乘客身份乘坐汽车1h,中间无休息	□	□	□	□
5. 环境允许时在下午躺着休息	□	□	□	□
6. 坐着与他人交谈	□	□	□	□
7. 未饮酒的午餐后安静地坐着	□	□	□	□
8. 乘车期间汽车因交通情况停下来数分钟	□	□	□	□

附　　录

ESS评定说明

本量表主要用于评定成年人白天的嗜睡症状,是主观的睡眠评估。研究显示该量表的内部信度一致性尚好,α 系数为 0.73~0.86,而重测信度现有依据不足。

包括 8 个条目,评分为 0~3 分共 4 级。

参 考 文 献

1. Johns MW. A new method for measuring daytime sleepiness: the Epworth sleepiness scale. Sleep, 1991, 14(6): 540-545.
2. Kendzerska TB, Smith PM, Brignardello-Petersen R, et al. Evaluation of the measurement properties of the Epworth sleepiness scale: A systematic review. Sleep Med Rev. 2013 Aug 22. pii: S1087-0792(13)00088-9. doi: 10.1016/j.smrv. 2013, 08.002.

第四节 精神药物相关性功能障碍问卷(PRSexDQ)

精神药物相关性功能障碍问卷(Psychotropic-Related Sexual Dysfunction Questionnaire, PRSexDQ)

The following questions refer to the possible appearance of sexual dysfunction after initiating treatment with psychotropic agents. 以下问题是指患者在开始接受精神药物治疗后出现的性功能障碍的可能表现。

At baseline the reference time is two previous months compared to the usual "normal" status of the patient. 基线时相关时间段是指过去 2 个月跟患者平时"正常"状态相比。

A. Have you observed any type of change in your sexual activity (excitation, erection, ejaculation or orgasm) during the last two months? 您是否观察到您的性活动(性兴奋、勃起、射精或性高潮)在过去 2 个月中有任何形式的变化?

(1) □ YES 是 (0) □ NO 否

If the answer is YES at question A, please fill in question B, if NO go to question 1. 如果问题 A 回答"是",请继续完成问题 B;如果回答"否",则进入问题 1。

B. Has the patient spontaneously reported this alteration or was it necessary to expressly question him or her to discover the sexual disfunction? 患者是否主动报告这一变化,或者是否需要明确询问他(她)才可发现性功能障碍?

(1) □ YES It was spontaneously reported (0) □ NO It was not spontaneously reported
是 它是被主动报告的 否 它不是被主动报告的

Reference time at baseline "2 previous months" 基线时相关时间段为"过去 2 个月"

1. Have you observed any decrease in your desire for sexual activity or in your interest in sex? 您是否注意到您的性欲或性兴趣有下降?

0-No problem. 没有问题。

1-Mild decrease. Somewhat less interest. 轻度下降。性兴趣有些降低。

2-Moderate decrease. Much less interest. 中度下降。性兴趣明显降低。

3-Severe decrease. Almost none or no interest. 严重下降。几乎没有或根本没有性兴趣。

2. Have you observed any delay in ejaculation/orgasm? 您是否注意到射精或性高潮延迟了?

0-No delay. 没有延迟。

1-Mild delay or hardly noticeable. 轻度延迟或几乎不明显。

2-Moderate delay or clearly noticeable. 中度延迟或很明显。

3-Intense delay, sometimes orgasm/ejaculation is NOT possible. 严重延迟，有时达到性高潮或射精是不可能的

3. Have you observed that you are unable to ejaculate/or to have an orgasm once you begin sexual relations? 您是否注意到：一旦开始性活动后您不能射精或者没有性高潮了？

0-None. 没有。

1-Sometimes: less than 25% of the time. 有时发生：少于 25%的时间。

2-Often: 25%-75% of the time. 经常发生：25%~75%的时间。

3-Always or almost always: more than 75% of the time. 总是或几乎总是发生：超过 75%的时间。

4. Have you experienced any difficult obtaining an erection or maintaining it once you have initiated sexual activity (vaginal lubrication in women) 您是否感觉到：一旦开始性活动后很难勃起或维持勃起了(女性是很难达到阴道润滑或维持润滑了)？

0-Never. 从未有过。

1-Sometimes: less than 25% of the time. 有时发生：少于 25%的时间。

2-Often: 25%-75% of the time. 经常发生：25%~75%的时间。

4-Always or almost always: more than 75% of the time. 总是或几乎总是发生：超过 75%的时间。

5. How well have you tolerated these changes in your sexual relations? 在您的性关系中，您能够忍受这些变化的程度如何？

0-No sexual dysfunction. 没有性功能障碍。

1-Well. No problem due to this reason. 可以。没有因为这一原因出现问题。

2-Fair. The dysfunction bothers him or her (the patient) although he or she does not considered discontinuing the treatment for this reason. It interferes with the couple's relationship. 一般。性功能障碍让他或她(患者)感到苦恼，但他或她还没有考虑因为这一原因而中断治疗。这一变化影响了夫妻关系。

3-Poor. The dysfunction presents an important problem. He or she (the patient) considers discontinuing treatment because of it or it seriously interferes with the couple's relationship. 难以忍受。性功能障碍已经成了重要问题。他或她(患者)因此在考虑中断治疗，或是这一变化已严重影响到了夫妻关系。

附　　录

PRSexDQ 评定说明

本量表是评估患者服用精神药物所致性功能障碍及其对这些变化的耐受性。墨西哥一项研究显示该量表具有很高的内部信度一致性，α 系数为 0.89。阿拉伯语版的一项研究显示该量表内部信度一致性也较好，α 系数为 0.76，重测信度好，组内相关系数为 0.85。

包含 2 个介绍性条目(问题 A 和 B)和 5 个从不同方面考察性功能障碍的条目：性欲下降(条目 1)、性高潮 /射精延迟(条目 2)、性快感缺失/无射精(条目 3)、阴道润滑功能障碍/勃起功能障碍(条目 4)和患者对性功能障碍的耐受性(条目 5)。评分为 0~3 分共 4 级。

需注意如下特殊的评分规则：

如果没有性行为,评分员应通过以下几项评估患者的性兴趣和愿望:问题 A 和 B,

- 条目 1(性行为的愿望)。
- 条目 5(对变化的耐受性)。

条目 2, 3 和 4 指的是身体性行为,因此不需要询问患者这三个条目。

参考文献

Montejo AL, García M, Espada M, et al. Psychometric characteristics of the Psychotropic-Related Sexual Dysfunction Questionnaire. Spanish Work Group for the Study of Psychotropic-Related Sexual Dysfunctions. Actas Esp Psiquiatr, 2000, 28(3): 11-150.

第五章　服药主观感受评估量表

第一节　用药满意度问卷(MSQ)

用药满意度问卷(Medication Satisfaction Questionnaire,MSQ)

Overall, how satisfied are you with your current medication? 总体而言,您对您目前用药的满意程度如何?

Extremely dissatisfied 极不满意	Very dissatisfied 很不满意	Somewhat dissatisfied 有点不满意	Neither dissatisfied nor satisfied 既无不满意也不觉满意	Somewhat satisfied 有点满意	Very satisfied 很满意	Extremely satisfied 极满意
□1	□2	□3	□4	□5	□6	□7

附　　录

MSQ 评定说明

本量表是一个单条目问卷,主要用于评估精神分裂症患者对所服用的抗精神病药的满意度。研究显示该量表具有可接受的信度和效度。

只有 1 个条目,评分为 1~7 分共 7 级。

参 考 文 献

Vernon MK, Revicki DA, Awad AG, et al. Psychometric evaluation of the *Medication Satisfaction Questionnaire* (MSQ) to assess *satisfaction* with antipsychotic *medication* among schizophrenia patients. Schizophrenia Research, 2010, 118(1-3): 271-278.

第二节　用药态度量表(DAI)

用药态度量表(Drug Attitude Inventory, DAI)

1.	对我而言,药物的正面功效大于其不良反应	[1]○ 是　[0]○ 否
2.	我服药后感觉奇怪,像个“怪人”似的	[1]○ 是　[0]○ 否
3.	我服用药物是出于自愿	[1]○ 是　[0]○ 否
4.	服用药物使我感觉更加放松	[1]○ 是　[0]○ 否
5.	服用药物使我感觉疲惫和反应迟钝	[1]○ 是　[0]○ 否
6.	我只有在生病时才服药	[1]○ 是　[0]○ 否
7.	服药后我感觉较正常了	[1]○ 是　[0]○ 否
8.	我因思想和身体都受药物控制,而感觉不自然	[1]○ 是　[0]○ 否
9.	服药后我的思维更加清晰	[1]○ 是　[0]○ 否
10.	通过坚持服药,我能够预防生病	[1]○ 是　[0]○ 否

附　　录

DAI 评定说明

本量表主要用于评定精神分裂症患者的治疗依从性。该量表似乎可以作为已开始的治疗出现中断的预测因素。西班牙语的一项研究显示,该量表评分员之间的信度相关系数为 0.61, Chronbachα 系数为 0.57。

包括 10 个条目,评分为 0~1 分共 2 级。

参 考 文 献

Hogan TP, Awad AG, Eastwood R. A self-report scale predictive of drug compliance in schizophrenics: reliability and discriminative validity. Psychol Med, 1983,13(1): 177-183.

第三节　抗精神病药物治疗中主观舒适度(SWN)

抗精神病药物治疗中主观舒适度(The Subjective Well-Being Under Neuroleptics, SWN)

所有陈述指的是过去 7d

1.	我感到无力,并且无法控制自己	(1) (2) (3) (4) (5) (6)
2.	我感觉浑身舒服	(1) (2) (3) (4) (5) (6)
3.	我发现思考问题很容易	(1) (2) (3) (4) (5) (6)
4.	我对未来没有希望	(1) (2) (3) (4) (5) (6)
5.	我的身体感觉正常	(1) (2) (3) (4) (5) (6)
6.	我非常羞于与他人结识	(1) (2) (3) (4) (5) (6)
7.	我富于想象并且满脑子的想法	(1) (2) (3) (4) (5) (6)
8.	我的环境看起来很友好,我对之非常熟悉	(1) (2) (3) (4) (5) (6)
9.	我感到虚弱且精疲力竭	(1) (2) (3) (4) (5) (6)
10.	我的情绪和感觉迟钝。什么事都与我无关	(1) (2) (3) (4) (5) (6)
11.	我思考困难,速度又慢	(1) (2) (3) (4) (5) (6)
12.	我的心情和行为不合时宜。小事让我烦躁,而大事却几乎不会影响我	(1) (2) (3) (4) (5) (6)
13.	我发现与身边的人保持联系很容易	(1) (2) (3) (4) (5) (6)
14.	我察觉到我的环境正在发生变化,变得陌生而危险	(1) (2) (3) (4) (5) (6)
15.	我发现区分自己与他人很容易	(1) (2) (3) (4) (5) (6)
16.	我的身体对我是个负担	(1) (2) (3) (4) (5) (6)
17.	我的思想反复无常并且漫无目的。我发现清晰思考很困难	(1) (2) (3) (4) (5) (6)
18.	我对身边发生的事情很感兴趣,这对我很重要	(1) (2) (3) (4) (5) (6)
19.	我的心情和行为与特定场合相称	(1) (2) (3) (4) (5) (6)
20.	我充满自信,一切都会好转的	(1) (2) (3) (4) (5) (6)

(1) 根本没有
(2) 一点点
(3) 有一些
(4) 明显
(5) 很多
(6) 非常多

附　　录

SWN 评定说明

本量表为自评量表,主要用于评定精神分裂症患者服用抗精神病药物治疗中对生活

质量的感觉。爱沙尼亚语版的一项研究显示该量表具有较好的内部一致性信度和重测信度，内部一致性相关系数为 0.93。

包括 20 个条目，评分为 1~6 分共 6 级。

参考文献

1. Naber D. A self-rating to measure subjective effects of neuroleptic drugs, relationships to objective psychopathology, quality of life, compliance and other clinical variables. Int Clin Psychopharmacol, 1995, 10(Suppl 3): 133-138.
2. Naber D, Moritz S, Lambert M, et a1. Improvement of schizophrenic patients, subjective well-being under atypical antipsychotic drugs. Schizophr Res, 2001, 50(1-2): 79-88.

第六章　疾病相关问题评估量表

第一节　Zarit护理者负担量表(ZBI)

Zarit 护理者负担量表(Zarit Caregiver Burden Interview,ZBI)

1. Do you feel that your relative asks for more help than he/she needs? 您是否认为,您所照料的患者要求您给予没有必要的帮助?

☐	☐	☐	☐	☐
Never	Rarely	Sometimes	Quite frequently	Nearly always
没有	偶尔	有时	经常	总是

2. Do you feel that because of the time you spend with your relative that you don't have enough time for yourself? 您是否认为,由于要花时间护理患者会使自己的时间不够?

☐	☐	☐	☐	☐
Never	Rarely	Sometimes	Quite frequently	Nearly always
没有	偶尔	有时	经常	总是

3. Do you feel stressed between caring for your relative and trying to meet other responsibilities for your family or work? 在照料患者和努力做好家务及工作之间,您会感到有压力吗?

☐	☐	☐	☐	☐
Never	Rarely	Sometimes	Quite frequently	Nearly always
没有	偶尔	有时	经常	总是

4. Do you feel embarrassed over your relative's behavior? 您是否因为患者的行为而感到尴尬?

☐	☐	☐	☐	☐
Never	Rarely	Sometimes	Quite frequently	Nearly always
没有	偶尔	有时	经常	总是

5. Do you feel angry when you are around your relative? 您是否因患者在您身边而感到烦恼?

☐	☐	☐	☐	☐
Never	Rarely	Sometimes	Quite frequently	Nearly always
没有	偶尔	有时	经常	总是

6. Do you feel that your relative currently affects your relationship with other family members or friends in a negative way? 您是否认为，您的患者目前对您和您家人或朋友间的关系造成了不利的影响？

☐	☐	☐	☐	☐
Never	Rarely	Sometimes	Quite frequently	Nearly always
没有	偶尔	有时	经常	总是

7. Are you afraid what the future holds for your relative? 您对患者的将来感到担心吗？

☐	☐	☐	☐	☐
Never	Rarely	Sometimes	Quite frequently	Nearly always
没有	偶尔	有时	经常	总是

8. Do you feel your relative is dependent upon you? 您是否认为，您的患者依赖于您？

☐	☐	☐	☐	☐
Never	Rarely	Sometimes	Quite frequently	Nearly always
没有	偶尔	有时	经常	总是

9. Do you feel strained when you are around your relative? 您是否因患者在您身边而感到紧张？

☐	☐	☐	☐	☐
Never	Rarely	Sometimes	Quite frequently	Nearly always
没有	偶尔	有时	经常	总是

10. Do you feel your health has suffered because of your involvement with your relative? 您是否认为，由于护理患者，您的健康受到了影响？

☐	☐	☐	☐	☐
Never	Rarely	Sometimes	Quite frequently	Nearly always
没有	偶尔	有时	经常	总是

11. Do you feel that you don't have as much privacy as you would like, because of your relative? 您是否认为，由于护理患者，您就没有了足够的隐私？

☐	☐	☐	☐	☐
Never	Rarely	Sometimes	Quite frequently	Nearly always
没有	偶尔	有时	经常	总是

12. Do you feel that your social life has suffered because you are caring for your relative? 您是否认为，由于护理患者，您的社交受到了影响？

☐	☐	☐	☐	☐
Never	Rarely	Sometimes	Quite frequently	Nearly always
没有	偶尔	有时	经常	总是

13. Do you feel uncomfortable about having friends over, because of your relative? 由于患者在，您把朋友叫到家里，您会感到不适吗？

☐	☐	☐	☐	☐
Never	Rarely	Sometimes	Quite frequently	Nearly always
没有	偶尔	有时	经常	总是

14. Do you feel that your relative seems to expect you to take care of him/her, as if you were the only he/she could depend on? 您是否认为，患者似乎期盼您照料他/她，好像您是他/她唯一可依赖的人？

☐	☐	☐	☐	☐
Never	Rarely	Sometimes	Quite frequently	Nearly always
没有	偶尔	有时	经常	总是

15. Do you feel that you don't have enough money to care for your relative, in addition to the rest of your expenses? 您是否认为，除外您的花费，您没有余钱用于护理患者？

☐	☐	☐	☐	☐
Never	Rarely	Sometimes	Quite frequently	Nearly always
没有	偶尔	有时	经常	总是

16. Do you feel that you will be unable to take care of your relative much longer? 您是否认为，您不可能花更多的时间护理患者？

☐	☐	☐	☐	☐
Never	Rarely	Sometimes	Quite frequently	Nearly always
没有	偶尔	有时	经常	总是

17. Do you feel you have lost control of your life since your relative's illness? 您是否认为，开始护理以来，您无法按照自己的意愿生活了？

☐	☐	☐	☐	☐
Never	Rarely	Sometimes	Quite frequently	Nearly always
没有	偶尔	有时	经常	总是

18. Do you wish you could just leave the care of your relative to someone else? 您是否希望，能把患者留给别人来照料？

☐	☐	☐	☐	☐
Never	Rarely	Sometimes	Quite frequently	Nearly always
没有	偶尔	有时	经常	总是

19. Do you feel uncertain about what to do about your relative? 您对患者有不知如何是好的情形吗？

☐	☐	☐	☐	☐
Never	Rarely	Sometimes	Quite frequently	Nearly always
没有	偶尔	有时	经常	总是

20. Do you feel you should be doing more for your relative? 您认为您应该为患者做更多的事情吗？

☐	☐	☐	☐	☐
Never	Rarely	Sometimes	Quite frequently	Nearly always
没有	偶尔	有时	经常	总是

21. Do you feel you could do a better job in caring for your relative? 您认为在护理患者上您能做得更好吗？

□	□	□	□	□
Never	Rarely	Sometimes	Quite frequently	Nearly always
没有	偶尔	有时	经常	总是

22. Overall, how burdened do you feel in caring for your relative? 综合来看,您怎样评价自己在护理患者上的负担?

□	□	□	□	□
Never	Rarely	Sometimes	Quite frequently	Nearly always
没有	偶尔	有时	经常	总是

附　　录

ZBI 评定说明

本量表主要用于评估精神分裂症患者的看护者的负担。中国的一项研究显示该量表有很高的内部信度一致性,Chronbachα α 系数为 0.875。日本版的一项研究显示该量表有很高的内部一致性信度(Chronbachα α 系数为 0.93)和重测信度(相关系数为 0.76)。

包括 22 个条目,评分为 0~4 分共 5 级,即 0 分(没有)、1 分(偶尔)、2 分(有时)、3 分(经常)、4 分(总是)。

参 考 文 献

Zarit SH, Reever KE, Bach-Peterson J. Relatives of the impaired elderly: correlates of feelings of burden. The Gerontologist, 1980, 20(6): 649-655.

第二节　关于服务/医疗资源使用的调查(S/MRU)

关于服务/医疗资源使用的调查(Service/Medical Resource Utilization,S/MRU)

1. Prior to participating in this clinical trial, for how long has the patient received any type of inpatient or outpatient psychiatric care and/or community based psychiatric day services for schizophrenia (Duration in months)? 在参加此临床试验前,患者因精神分裂症已接受过多长时间任何类型的住院或门诊精神治疗护理及(或)社区精神康复日间服务(持续时间以月计)?

   ______ Months 个月

2. In the past three months, did the patient have any outpatient visits as a result of an episode of schizophrenia outside of the visits that are part of this clinical trial? Outpatient visits are any type of healthcare provider visits lasting less than 24 hours. 在过去 3 个月中,除本临床试验的访视外,患者有否曾因精神分裂症发作而看过任何门诊?看门诊是指到有医疗服务提供的地方进行持续时间不足 24h 的任何类型的就诊。

   ______ Yes 是　______ No 否

   If yes, please record the number of appointments in the past three months ______

   如果有,请记录过去 3 个月中的预约次数

3. In the past three months, did the patient receive any community-based psychiatric day services as a result of an episode of schizophrenia outside of the visits that are part of this clinical trial? Community-based psychiatric day services are attendance in community mental health center, day care center, or group therapy sessions. 在过去 3 个月中，除本临床试验的访视外，患者有否曾因精神分裂症发作而接受过社区精神康复日间服务？社区精神康复日间服务是指参加社区内精神健康中心、日间护理中心或群体治疗。

   ______ Yes 是 ______ No 否

   If yes, please record the number of attendance in the past three months ______

   如果有，请记录过去 3 个月中的参加次数

4. In the past three months, did the patient have any inpatient visits as a result of an episode of schizophrenia outside of the visits that are part of this clinical trial? Inpatient visits are any type of healthcare provider visits lasting greater than 24 hours. 在过去 3 个月中，除本临床试验的访视外，患者有否曾因精神分裂症发作而进行过住院诊治？住院就诊是指到有医疗服务提供的地方进行持续时间超过 24h 的任何类型的就诊。

   ______ Yes 是 ______ No 否

   If yes, please record the number of admissions in the past three months ______

   如果有，请记录过去 3 个月中的住院次数

   If yes, please record the total number of inpatient days in the past three months ______

   如果有，请记录过去 3 个月中总的住院天数

5. In the past three months, did the patient have any outpatient visits for an adverse event? Outpatient visits are any type of healthcare provider visits lasting less than 24 hours. 在过去 3 个月中，患者有否因为不良事件而看过门诊？看门诊是指到有医疗服务提供的地方进行持续时间不足 24h 的任何类型的就诊。

   ______ Yes 是 ______ No 否

   If yes, please record the number of appointments in the past three months ______

   如果有，请记录过去 3 个月中的预约次数

6. In the past three months, did the patient have any community-based psychiatric day services for an adverse event? Community-based psychiatric day services are attendance in community mental health center, day care center, or group therapy sessions. 在过去 3 个月中，患者有否因为不良事件而接受过社区精神康复日间服务？社区精神康复日间服务是指参加社区内精神健康中心、日间护理中心或群体治疗。

   ______ Yes 是 ______ No 否

   If yes, please record the number of attendance in the past three months ______

   如果有，请记录过去 3 个月中的参加次数

7. In the past three months, did the patient have any inpatient visits for an adverse event? Inpatient visits are any type of healthcare provider visits lasting greater than 24 hours. 在过去 3 个月中，患者有否因为不良事件而进行过住院诊治？住院就诊是指到有医疗服务提供的地方进行持续时间超过 24h 的任何类型的就诊。

   ______ Yes 是 ______ No 否

If yes, please record the number of admissions in the past three months ______
如果有，请记录过去3个月中的住院次数
If yes, please record the total number of inpatient days in the past three months ______
如果有，请记录过去3个月中总的住院天数

附　　录

S/MRU 评定说明

本调查旨在了解患者的健康资源使用情况，以便提供健康经济学方面的信息。

第七章　诊断评估工具

国际神经精神科简式访谈问卷(MINI)

国际神经精神科简式访谈问卷(Mimi International Neuropsychiatric Interview, MINI)

A. MAJOR DEPRESSIVE EPISODE 重性抑郁发作

(→ MEANS: GO TO THE DIAGNOSTIC BOXES, CIRCLE NO IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE →表示:到诊断框,在所有的诊断框里圈选"否",并进入下一个模块)

A1	a	Have you ever been consistently depressed or down, most of the day, nearly every day, for at least two weeks? 您是否曾经在至少2周里几乎每日的大部分时间里都觉得持续的抑郁或情绪低落?	NO 否	YES 是
		IF A1a = YES: 如果 A1a=是:		
	b	Have you been consistently depressed or down, most of the day, nearly every day, for the past 2 weeks? 在过去的2周里,您是否几乎每日的大部分时间都觉得持续的抑郁或情绪低落?	NO 否	YES 是
A2	a	Have you ever been much less interested in most things or much less able to enjoy the things you used to enjoy most of the time over at least 2 weeks? 您是否曾经在至少2周的大部分时间里对大多数的事物表现出更少的兴趣或对曾经喜欢的事物表现出更少的喜爱?	NO 否	YES 是
		IF A2a = YES: 如果 A2a=是:		
	b	In the past 2 weeks, have you been much less interested in most things or much less able to enjoy the things you used to enjoy most of the time. 在过去的2周里,您是否在大部分的时间里对大多数的事物表现出更少的兴趣或对曾经喜欢的事物表现出更少的喜爱?	NO 否	YES 是
		IS A1a OR A2a CODED YES? A1a或A2a是否被标记为"是"?	→ NO 否	YES 是

IF CURRENTLY DEPRESSED (A1b OR A2b = YES): EXPLORE ONLY CURRENT EPISODE. 如果当前是抑郁发作(A1b 或 A2b=是):只追问当前的发作。
IF NO: EXPLORE THE MOST SYMPTOMATIC PAST EPISODE. 如果否:则追问既往发作的最常见的症状。

A3 **Over the two week period when you felt depressed or uninterested, 在过去的 2 周期间,当您觉得抑郁或不感兴趣时,**

		Current Episode 当前发作		Past Episode 既往发作	
a	Was your appetite decreased or increased nearly every day? Did your weight decrease or increase without trying intentionally (I.E., BY ±5% OF BODY WEIGHT OR ±8 LBS. OR ±3.5 KGS. FOR A 160 LB./70 KGS. PERSON IN A MONTH)? 您的食欲几乎每日是减少还是增加呢?您的体重是否会在不刻意努力的情况下减少或增加(例如,在1个月里,对一个体重为 **160** 磅/**70kg** 的人而言,体重增减大约 **5%** 或 **8** 磅,或 **3.5kg**)呢?(1 磅=0.45kg) IF **YES** TO EITHER, CODE **YES**. 如果对其中任何一个问题的回答为"是",则标记为"**是**"。	NO 否	YES 是	NO 否	YES 是
b	Did you have trouble sleeping nearly every night (difficulty falling asleep, waking up in the middle of the night, early morning wakening or sleeping excessively)? 您是否几乎每晚都有睡眠问题(难以入睡、半夜醒来、早上醒得过早或睡眠过多)?	NO 否	YES 是	NO 否	YES 是
c	Did you talk or move more slowly than normal or were you fidgety, restless or having trouble sitting still almost every day? 您是否几乎每日说话或行动比平常迟缓,或者觉得烦躁、无法平静或坐立不安?	NO 否	YES 是	NO 否	YES 是
d	Did you feel tired or without energy almost every day? 您是否几乎每日都觉得疲倦或没有精力?	NO 否	YES 是	NO 否	YES 是

e	Did you feel worthless or guilty almost every day? 您是否几乎每日都觉得自己毫无价值或感到内疚？	NO 否	YES 是	NO 否	YES 是
	IF **A3e = YES**: ASK FOR AN EXAMPLE. 如果 **A3e=是**：询问具体的例子。 THE EXAMPLE IS CONSISTENT WITH A DELUSIONAL IDEA. 例子符合妄想意念。 Current Episode 当前发作情况 □NO 否 □YES 是 Past Episode 既往发作情况 □NO 否 □YES 是	NO 否	YES 是	NO 否	YES 是
f	Did you have difficulty concentrating or making decisions almost every day? 您是否几乎每日都觉得难以集中精力或难以做出决定？	NO 否	YES 是	NO 否	YES 是
g	Did you repeatedly consider hurting yourself, feel suicidal, or wish that you were dead? 您是否曾经多次打算伤害自己，有自杀的念头，或者希望自己死去？	NO 否	YES 是	NO 否	YES 是
A4	ARE **3** OR MORE **A3** ANSWERS CODED **YES** (OR **4 A3** ANSWERS, IF **A1a** OR **A2a** ARE CODED **NO** FOR PAST EPISODE OR IF A1b OR A2b ARE CODED NO FOR CURRENT EPISODE)? **3** 个或更多对 **A3** 的回答被标记为 “是”(或 **4** 个对 **A3** 的回答被标记为“是”，如果 **A1a** 或 **A2a** 在既往发作中被标记为“否”或如果 **A1b** 或 **A2b** 在当前发作中被标记为“否”)吗？ VERIFY IF THE POSITIVE SYMPTOMS OCCURRED DURING THE SAME 2 WEEK TIME FRAME. 需明确阳性症状是否发生在同样的 2 周时间窗内。 IF **A4** IS CODED **NO** FOR CURRENT EPISODE THEN EXPLORE **A3a–A3g** FOR MOST SYMPTOMATIC PAST EPISODE. 如果 **A4** 在当前发作中被标记为“否”，则追问 **A3a–A3g** 既往发作的最常见的症状。	NO 否	YES 是	→ NO 否	YES 是

			→ NO 否	YES 是
A5		Did the symptoms of depression cause you significant distress or impair your ability to function at work, socially, or in some other important way? 这些抑郁症状是否造成了您明显痛苦或损害您在工作、社交活动,或其他一些重要方面的能力?		
A6		Are the symptoms due entirely to the loss of a loved one (bereavement) and are they similar in severity, level of impairment, and duration to what most others would suffer under similar circumstances? 这些症状是否完全是因为失去一位所爱的人(丧亲)而出现的?且这些症状是否在严重程度、所致功能受损水平及持续时间上与大多数其他人在相似情形下所出现的感受相似? If so, this is uncomplicated bereavement. 如果是的话,这是单纯的丧亲反应。		
		HAS UNCOMPLICATED BEREAVEMENT BEEN RULED OUT? 单纯的丧亲反应是否被排除了?	→ NO 否	YES 是
A7	a	Were you taking any drugs or medicines just before these symptoms began? 您是否在这些症状开始前就在服用毒品或药物? □No否 □Yes是		
	b	Did you have any medical illness just before these symptoms began? 您是否在这些症状开始前就患过躯体疾病? □No否 □Yes是		
		IN THE CLINICIAN'S JUDGMENT: ARE EITHER OF THESE LIKELY TO BE DIRECT CAUSES OF THE PATIENT'S DEPRESSION? IF NECESSARY, ASK ADDITIONAL OPEN-ENDED QUESTIONS. 临床医生的判断:上述任何一种描述是否可能成为患者抑郁的直接原因?若需要的话,询问额外的开放性问题。		

	A7（SUMMARY）: HAS AN ORGANIC CAUSE BEEN RULED OUT? **A7（小结）:** 器质性病因是否已被排除？	NO 否 YES 是 UNCERTAN 不明
A8	CODE **YES** IF **A7 （SUMMARY）** = **YES** OR **UNCERTAIN**. 如果 **A7（小结）=是或不明，** 则圈"**是**"。 SPECIFY IF THE EPISODE IS CURRENT AND/OR PAST OR BOTH （RECURRENT）. 请注明抑郁发作是当前发作和（或）既往发作或两者都有（复发）。	**NO否 YES是** ***Major Depressive episode*** ***重性抑郁发作*** Current 当前 ☐ Past 既往 ☐
A9	CODE **YES** IF **A7b** = **YES** AND **A7** （**SUMMARY**） = **NO**. 如果**A7b=是**和**A7（小结）=否，** 则圈"**是**"。 SPECIFY IF THE EPISODE IS CURRENT AND/OR PAST OR BOTH （RECURRENT）. 请注明抑郁发作是当前发作和（或）既往发作或两者都有（复发）。	**NO否 YES是** ***Mood Disorder Due to a General Medical Condition*** ***继发于一般躯体疾病的心境障碍*** Current 当前 ☐ Past 既往 ☐
A10	CODE **YES** IF **A7a** = **YES** AND **A7** （**SUMMARY**） = **NO**. 如果**A7a=是**和**A7（小结）=否，** 则圈"**是**"。 SPECIFY IF THE EPISODE IS CURRENT AND/OR PAST OR BOTH （RECURRENT）. 请注明抑郁发作是当前发作和（或）既往发作或两者都有（复发）。	**NO否 YES是** ***Substance Induced Mood Disorder*** ***物质所致心境障碍*** Current 当前 ☐ Past 既往 ☐
	CHRONOLOGY 时序表	
A11	How old were you when you first began having symptoms of depression? 当您首次开始出现抑郁症状时您几岁？	☐ age 岁

A12	During your lifetime, how many distinct times did you have these symptoms of depression (daily for at least 2 weeks)? 在您一生中,您明确出现这些抑郁症状有过多少次(通常持续至少 2 周)?	□

B. DYSTHYMIA 恶劣心境

(→ MEANS: GO TO THE DIAGNOSTIC BOXES, CIRCLE NO, AND MOVE TO THE NEXT MODULE →表示:到诊断框里圈选“否”,并进入下一个模块)

If patient's symptoms currently meet criteria for major depressive episode, do NOT explore current dysthymia, but do explore PAST dysthymia. Make sure that the past dysthymia explored is not one of the past major depressive episodes, and that it was separated from any prior major depressive episode by at least 2 months of full remission. [APPLY THIS RULE ONLY IF YOU ARE INTERESTED IN EXPLORING DOUBLE DEPRESSION.]如果患者当前的症状符合重性抑郁发作的标准,则不要追问当前有无恶劣心境,只追问既往有无恶劣心境。需明确追问到的既往恶劣心境不是既往重性抑郁发作的表现之一,且它与以往任何重性抑郁发作有至少 2 个月的完全缓解期。【本规则仅适用于您有兴趣追问有无双重抑郁时。】

SPECIFY WHICH TIME FRAME IS EXPLORED BELOW: □ Current 当前
请注明以下追问的是哪一个时间窗: □ Past 既往

B1	Have you felt sad, low or depressed most of the time for the last two years? (OR IF EXPLORING PAST DYSTHYMIA: “In the past, did you ever feel sad, low, or depressed for 2 years continuously?”) 您是否在过去 2 年的大部分时间里都感到悲伤、情绪低落或抑郁?(若追问既往恶劣心境,或问:“您是否在过去有 2 年时间里曾经持续感到悲伤、情绪低落或抑郁?”)	→ NO否	YES是
B2	Was this period interrupted by your feeling OK for two months or more? 这一时期是否被您 2 个月以上的感觉良好所中断?	NO否	→ YES是
B3	**During this period of feeling depressed most of the time: 在这段时期的大部分时间里都感到抑郁:**	NO否	YES是
a	Did your appetite change significantly? 您的食欲是否有显著改变?	NO否	YES是

	b Did you have trouble sleeping or sleep excessively? 您是否有睡眠问题或睡眠过多?	NO否	YES是
	c Did you feel tired or without energy? 您是否觉得疲倦或没有精力?	NO否	YES是
	d Did you lose your self-confidence? 您是否失去您的自信心?	NO否	YES是
	e Did you have trouble concentrating or making decisions? 您是否觉得难以集中精力或难以做出决定?	NO否	YES是
	f Did you feel hopeless? 您是否觉得无望?	NO否	YES是
	ARE **2** OR MORE **B3** ANSWERS CODED **YES**? **2**个或更多对 **B3** 的回答被标记为“**是**”。	→ NO否	YES是
B4	Did the symptoms of depression cause you significant distress or impair your ability to function at work, socially, or in some other important way? 这些抑郁症状是否造成了您明显痛苦或损害您在工作、社交活动,或其他一些重要方面的能力?	→ NO否	YES是
B5	Were you taking any drugs or medicines just before these symptoms began? 您是否在这些症状开始前就在服用毒品或药物? Did you have any medical illness just before these symptoms began? 您是否在这些症状开始前就患过躯体疾病? IN THE CLINICIAN'S JUDGMENT: ARE EITHER OF THESE LIKELY TO BE DIRECT CAUSES OF THE PATIENT'S DEPRESSION? 临床医生的判断:上述任何一种描述是否可能成为患者抑郁的直接原因? HAS AN ORGANIC CAUSE BEEN RULED OUT? 器质性病因是否已被排除?	NO否	YES是

	NO否 YES是
IS **B5** CODED **YES**? **B5** 是否被标记为“**是**”?	***DYSTHYMIA*** ***恶劣心境*** Current 当前 ☐ Past 既往 ☐

CHRONOLOGY 时序表

B6	How old were you when you first began having symptoms of 2 years of continuous depression? 当您首次开始出现持续 2 年的抑郁症状时您几岁?	☐age 岁

C. SUICIDALITY 自杀倾向

	In the past month did you: 在过去的 1 个月里,您:		Point 分数
C1	Think you would be better off dead or wish you were dead? 是否认为自己最好是死了或希望自己已经死了?	NO 否 YES 是	1
C2	Want to harm yourself? 是否想伤害自己?	NO 否 YES 是	2
C3	Think about suicide? 是否想到自杀?	NO 否 YES 是	6
C4	Have a suicide plan? 是否有自杀的计划?	NO 否 YES 是	10
C5	Attempt suicide? 是否企图自杀?	NO 否 YES 是	10
	In your lifetime: 在您的一生中:		
C6	Did you ever make a suicide attempt? 您是否曾有过自杀企图?	NO 否 YES 是	4

IS AT LEAST **1** OF THE ABOVE CODED **YES**?
以上问题至少有 **1** 个被标记为“**是**”吗?

IF **YES**, ADD THE TOTAL NUMBER OF POINTS FOR THE ANSWERS (C1-C6) CHECKED 'YES' AND SPECIFY THE LEVEL OF SUICIDE RISK AS FOLLOWS: 如果回答为"**是**",请将(C1~C6)选"是"的答案总分加起来,并具体指明诊断框中注明的自杀倾向分数:

NO否 **YES是**

SUICIDE RISK CURRENT
当前的自杀倾向

1~5	points分	Low低	☐
6~9	points分	Moderate中	☐
≥10	points分	High高	☐

D. (HYPO) MANIC EPISODE 躁狂与轻躁狂发作

(→ MEANS: GO TO THE DIAGNOSTIC BOXES, CIRCLE NO IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE →表示:到诊断框,在所有的诊断框里圈选"否",并进入下一个模块)

FOR PATIENTS WHO APPEAR PSYCHOTIC BEFORE STARTING THE INTERVIEW OR WHO ARE SUSPECTED TO HAVE SCHIZOPHRENIA, PLEASE ADOPT THE FOLLOWING ORDER OF ADMINISTRATION OF MODULES: 对于在开始会谈前就表现出精神病迹象的患者或被疑为患有精神分裂症的患者,请采用以下模块使用规则:

1) PART 1 OF MODULE M (PSYCHOTIC DISORDERS M1-M18). 模块 M 的第 1 部分(精神病性障碍 M1-M18)。

2) SECTIONS A-D (DEPRESSION TO (HYPO) MANIC EPISODE). A-D 部分〔抑郁发作至(轻)躁狂发作〕。

3) PART 2 OF MODULE M (PSYCHOTIC DISORDERS M19-M23). 模块 M 的第 2 部分(精神病性障碍 M19-M23)。

4) OTHER MODULES IN THEIR USUAL SEQUENCE. 按通常次序出现的其他模块。

IF MODULE M HAS ALREADY BEEN EXPLORED AND PSYCHOTIC SYMPTOMS HAVE BEEN IDENTIFIED (**M1** TO **M10b**), EXAMINE FOR EACH POSITIVE RESPONSE TO THE FOLLOWING QUESTIONS IF THE (HYPO) MANIC SYMPTOMS ARE NOT BETTER EXPLAINED BY THE PRESENCE OF A PSYCHOTIC DISORDER AND CODE ACCORDINGLY. 如果模块 M 已被追问,且精神病性症状已被明确(**M1** 至 **M10b**),则检查对以下问题的每一个阳性回答,如果(轻)躁狂症状未被以存在精神病性障碍和相应编码来更好解释的话。

D1	a	Have you **ever** had a period of time when you were feeling ‘up’ or ‘high’ or ‘hyper’ or so full of energy or full of yourself that you got into trouble, or that other people thought you were not your usual self? 您是否曾在一段时间里感到“愉快”或“兴奋”或“亢奋”或者精力太旺盛或自满以致于惹上麻烦,或者其他人认为您和平时不一样吗? (Do not consider times when you were intoxicated on drugs or alcohol.)(请不要考虑您处在药物或酒精作用之下的兴奋状态)。 IF NO, CODE NO TO **D1b**; IF **YES** ASK: 如果回答为“否”,将 **D1b** 标记为“否”。如果回答为“**是**”,则询问:	NO否	YES是
	b	Are you **currently** feeling ‘up’ or ‘high’ or ‘hyper’ or full of energy? 您当前是否感到“愉快”或“兴奋”或“亢奋”或者精力旺盛? *IF PATIENT IS PUZZLED OR UNCLEAR ABOUT WHAT YOU MEAN BY ‘UP’ OR ‘HIGH’, CLARIFY AS FOLLOWS: BY ‘UP’ OR ‘HIGH’ OR ‘HYPER’ I MEAN: HAVING ELATED MOOD; INCREASED ENERGY; NEEDING LESS SLEEP; HAVING RAPID THOUGHTS; BEING FULL OF IDEAS; HAVING AN INCREASE IN PRODUCTIVITY, MOTIVATION, CREATIVITY, OR IMPULSIVE BEHAVIOR. 如果患者对您所说的“愉快”或“兴奋”的含义表示困惑或不清楚,请做如下澄清:对于“愉快”或“兴奋”或“亢奋”,我的意思是:心情非常兴奋。精力增加。需要更少的睡眠。思维快速。满脑子充满了各种想法。在效率、积极性、创造力或冲动行为方面有所增加。*	NO否	YES是
D2	a	Have you **ever** been persistently irritable, for several days, so that you had arguments or verbal or physical fights, or shouted at people outside your family? Have you or others noticed that you have been more irrita-	NO否	YES是

ble or over reacted, compared to other people, even in situations that you felt were justified? 您是否曾连续几天持续地感到烦躁易怒，以致于与人争论或吵架或打架,或者对着外人大吼?您自己或他人是否注意到，与其他人相比，您变得更加烦躁易怒或反应过度,甚至在您认为有理的情况下?

IF NO, CODE NO TO **D2b**; IF **YES** ASK: 如果回答为“否”,将 **D2b** 标记为“否”。如果回答为“**是**”,则询问:

b

Are you **currently** feeling persistently irritable? 您**当前**是否感到持续地烦躁易怒?　　NO否　　YES是

→

IS **D1a** OR **D2a** CODED **YES**? **D1a** 或 **D2a** 是否被标记为“**是**”?　　NO否　　YES是

D3

IF **D1b** OR **D2b** = **YES**:EXPLORE ONLY **CURRENT** EPISODE, OTHERWISE 如果 **D1b** 或 **D2b**=**是**:只追问**当前**发作的状况,否则

IF **D1b** AND **D2b** = **NO**:EXPLORE THE MOST SYMPTOMATIC **PAST** EPISODE 如果 **D1b** 和 **D2b**=**否**:追问**既往**发作的最常见的症状

During the times when you felt high, full of energy, or irritable did you: 在您觉得兴奋、精力旺盛或烦躁易怒的时候,您:

	Current Episode 当前发作		Past Episode 既往发作	
a Feel that you could do things others couldn't do, or that you were an especially important person? 是否觉得您能做其他人不能做的事情，或者觉得您是一个特别重要的人? IF **YES**, ASK FOR EXAMPLES. 如果“**是**”,请询问具体的例子。 THE EXAMPLES ARE CONSISTENT WITH A DELUSIONAL IDEA. 例子符合妄想意念。	NO 否	YES 是	NO 否	YES 是

Current Episode 当前发作情况 □NO 否□YES 是
Past Episode 既往发作情况 □NO 否 □YES 是

b	Need less sleep (for example, feel rested after only a few hours sleep)? 是否需要更少的睡眠(例如,在仅仅几个小时的睡眠后就觉得得到了休息)?	NO 否	YES 是	NO 否	YES 是
c	Talk too much without stopping, or so fast that people had difficulty understanding? 是否话太多,一直不停地讲,或者说话快得难以让人理解?	NO 否	YES 是	NO 否	YES 是
d	Have racing thoughts? 是否有非常快速的思维?	NO 否	YES 是	NO 否	YES 是
e	Become easily distracted so that any little interruption could distract you? 是否变得容易分心以至于任何小的干扰都能使您分心?	NO 否	YES 是	NO 否	YES 是
f	Become so active or physically restless that others were worried about you? 是否变得过于活跃或身体得不到休息以致于其他人为您担心?	NO 否	YES 是	NO 否	YES 是
g	Want so much to engage in pleasurable activities that you ignored the risks or consequences (for example, spending sprees, reckless driving, or sexual indiscretions)? 是否非常想从事一些令人愉快的活动,以至于您忽视了危险或后果(例如,无节制的花钱、鲁莽驾驶、或不负责任的性行为)?	NO 否	YES 是	NO 否	YES 是
	D3 (SUMMARY): ARE 3 OR MORE **D3** ANSWERS CODED **YES** (OR **4** OR MORE IF **D1a** IS **NO** (IN RATING PAST EPISODE) OR **D1b** IS **NO** (IN RATING CURRENT EPISODE))? **D3(小结)**:是否有 **3** 个或更多对 **D3** 的回答被标记为 **"是"**〔或有 **4** 个或更多如果 **D1a**(评估既往发作情况)被标记为**"否"**或者 **D1b**(评估当前发作情况)被标记为**"否"**)?〕	NO 否	YES 是	→ NO 否	YES 是

VERIFY IF THE SYMPTOMS OCCURRED DURING THE SAME TIME PERIOD. 需明确症状是否发生在同样的时间段里。

D4 a Were you taking any drugs or medicines just before these symptoms began? 您是否在这些症状开始前就在服用毒品或药物?

☐No 否 ☐Yes 是

b Did you have any medical illness just before these symptoms began? 您是否在这些症状开始前就患过躯体疾病?

☐No 否 ☐Yes 是

IN THE CLINICIAN'S JUDGMENT: ARE EITHER OF THESE LIKELY TO BE DIRECT CAUSES OF THE PATIENT'S (HYPO) MANIA? IF NECESSARY, ASK ADDITIONAL OPEN-ENDED QUESTIONS. 医生的判断:上述任何一种描述是否可能成为患者(轻)躁狂的直接原因?若需要的话,询问额外的开放性问题。

D4 (SUMMARY): HAS AN ORGANIC CAUSE BEEN RULED OUT? **D4(小结):** 器质性病因是否已被排除? NO 否 YES 是 UNCERTAIN 不明

D5 Did these symptoms last at least a week and cause problems beyond your control at home, work, school, or were you hospitalized for these problems? 这些症状是否持续至少1周,且是否在家里、工作中、学校里造成了您无法控制的麻烦,或者您是否因为这些问题而住过院? NO 否 YES 是 NO 否 YES 是

IF **D5** IS CODED **NO** FOR CURRENT EPISODE, THEN EXPLORE **D3**, **D4** AND **D5** FOR THE MOST SYMPTOMATIC PAST EPISODE. 如果 **D5** 当前发作被标记为"**否**",则追问 **D3**、**D4** 和 **D5** 既往发作的最常见的症状。

D6 IF **D3 (SUMMARY)** = **YES** AND **D4 (SUMMARY)** = **YES** OR **UNCERTAIN** AND EITHER **D5** = **NO**, AND NO DELUSIONAL IDEA WAS DESCRIBED IN

D3a, CODE **YES** FOR HYPOMANIC EPISODE. 如果 **D3** （小结）=是且 **D4** （小结）=是或不明又或 **D5**=否，并且在 **D3a** 中无妄想意念被描述，则轻躁狂发作诊断框标记为“**是**”。

NO否	**YES是**
HYPOMANIC EPISODE ***轻躁狂发作***	
Current 当前	☐
Past 既往	☐

SPECIFY IF THE EPISODE IDENTIFIED IS CURRENT OR PAST. 请注明已明确的发作是当前的还是既往的。

D7 IF **D3 (SUMMARY)** = **YES** AND **D4 (SUMMARY)** = **YES** OR **UNCERTAIN** AND EITHER **D5** = **YES** OR A DELUSIONAL IDEA WAS DESCRIBED IN **D3a**, CODE **YES** FOR MANIC EPISODE. 如果 **D3** (小结)=是且 **D4**(小结)=是或不明，并且或 **D5**=是或在 **D3a** 中有妄想意念被描述，则躁狂发作诊断框标记为“**是**”。

NO否	**YES是**
MANIC EPISODE ***躁狂发作***	
Current 当前	☐
Past 既往	☐

SPECIFY IF THE EPISODE IDENTIFIED IS CURRENT OR PAST. 请注明已明确的发作是当前的还是既往的。

D8 IF **D3 (SUMMARY)** AND **D4b** AND **D5** = **YES** AND **D4 (SUMMARY)** = **NO**, CODE **YES**? 如果 **D3**(小结)和 **D4b** 及 **D5**=是，且 **D4**(小结)=否，诊断框是否标记为“**是**”?

NO否	**YES是**
(Hypo)Manic Episode Due to a General Medical Conditioin ***继发于一般医学情况的(轻)躁狂发作***	
Current 当前	☐
Past 既往	☐

SPECIFY IF THE EPISODE IDENTIFIED IS CURRENT OR PAST. 请注明已明确的发作是当前的还是既往的。

D9 IF **D3 (SUMMARY)** AND **D4a** AND **D5** = **YES** AND **D4 (SUMMARY)** = **NO**, CODE **YES**? 如果 **D3**(小结)和 **D4a** 及 **D5**=是，且 **D4**(小结)=否，诊断框是否标记为“**是**”?

NO否	**YES是**
Substance Induced (Hypo)Manic Episode ***物质所致(轻)躁狂发作***	
Current 当前	☐
Past 既往	☐

SPECIFY IF THE EPISODE IDENTIFIED IS CURRENT OR PAST. 请注明已明确的发作是当前的还

是既往的。

IF **D8** OR **D9** = **YES**, GO TO NEXT MODULE. 如果 **D8** 或 **D9**=**是**, 请去下一个模块。

SUBTYPES 亚型

Rapid Cycling 快速循环型

Have you had four or more episodes of mood disturbance in 12 months? 您是否在 12 个月内有过 4 次或更多的心境障碍发作史？

NO否　　YES是

Rapid Cycling
快速循环型

Mixed Episode 混合发作

PATIENT MEETS CRITERIA FOR BOTH MANIC EPISODE AND MAJOR DEPRESSIVE EPISODE NEARLY EVERY DAY DURING AT LEAST A ONE WEEK PERIOD. 患者至少有一个在 1 周时间内几乎每日同时符合躁狂发作和重性抑郁发作的标准。

NO否　　YES是

Mixed Episode
混合发作

Seasonal Pattern 季节型

THE ONSET AND REMISSIONS OR SWITCHES FROM DEPRESSION TO MANIA OR HYPOMANIA CONSISTENTLY OCCUR AT A PARTICULAR TIME OF YEAR. 起病和缓解或从抑郁发作转为躁狂发作或轻躁狂发作都一贯发生在一年中的某个特定时期。

NO否　　YES是

Seasonal Pattern
季节型

With Full Inter-episode Recovery 伴发作间期痊愈

Between the two most recent mood episodes did you fully recover? 您是否在最近的 2 次心境障碍发作之间获得痊愈？

NO否　　YES是

With Full
Inter-episode Recovery
伴发作间期痊愈

CIRCLE ONE 在下列选择中圈一项

MOST RECENT EPISODE WAS A **MANIC / HYPOMANIC / MIXED / DEPRESSED** EPISODE 最近一次发作是**躁狂发作、轻躁狂发作、混合发作、抑郁发作**

SEVERITY

X1	Mild 轻度	☐
X2	Moderare 中度	☐
X3	Severe without psychotic features 重度不伴精神病性特征	☐
X4	Severe with psychotic features 重度伴精神病性特征	☐
X5	In partial remission 部分缓解	☐
X6	In full remission 完全缓解	☐

CHRONOLOGY 时序表

D10	How old were you when you first began having symptoms of manic/hypomanic episodes? 当您首次开始出现躁狂、轻躁狂发作的症状时您几岁？	☐ age 岁
D11	Since the first onset how many distinct times did you have significant symptoms of mania/hypomania? 自从首次发病以来，您明确出现过几次明显的躁狂症/轻躁狂症状？	☐

E. PANIC DISORDER 惊恐障碍

(→ MEANS: CIRCLE NO IN E5, E6 AND E7 AND SKIP TO F1 →表示：在 D5、D6 和 D7 上圈选“否”，然后跳到 F1)

E1	a	Have you, on more than one occasion, had spells or attacks when you **suddenly** felt anxious, frightened, uncomfortable or uneasy, even in situations where nost people would not feel that way? 当您**突然**感到焦虑、恐惧、不适或不安时，甚至在大多数人没有这些感受的情形下，您的惊恐症状是否曾不止一次地发作过？	→ NO 否	YES 是
	b	Did the spells surge to a peak within **10** minutes of starting? 惊恐症状发作是否在开始的 **10**min 内很快就达到高峰？	→ NO 否	YES 是

		→	
E2	At any time in the past, did any of those spells or attacks come on unexpectedly or occur in an unpredictable or unprovoked manner? 在过去的任何时间，任何一次惊恐症状是否都是出乎意料地发作或以不可预知或无缘无故的方式发作？	NO 否	YES 是
E3	Have you ever had one such attack followed by a month or more of persistent concern about having another attack, or worries about the consequences of the attack? 您是否曾在一次惊恐症状发作后的 1 个月或 1 个月以上的时间里持续地担心惊恐症状会再次发作，或者担心惊恐症状发作的后果？	NO 否	YES 是
E4	**During the worst spell that you can remember: 在您能回忆起的最严重的惊恐症状发作期间：**		
a	Did you have skipping, racing or pounding of your heart? 您是否感到心脏漏跳、心跳加速或心怦怦跳？	NO 否	YES 是
b	Did you have sweating or clammy hands? 您是否感到手心出汗或手掌湿冷？	NO 否	YES 是
c	Were you trembling or shaking? 您是否会颤抖或摇晃？	NO 否	YES 是
d	Did you have shortness of breath or difficulty breathing? 您是否感到呼吸急促或呼吸困难？	NO 否	YES 是
e	Did you have a choking sensation or a lump in your throat? 您是否有喉咙哽塞的感觉或觉得喉咙有肿块？	NO 否	YES 是
f	Did you have chest pain, pressure or discomfort? 您是否觉得胸部有疼痛感、压迫感或不舒服的感觉？	NO 否	YES 是
g	Did you have nausea, stomach problems or sudden diarrhea? 您是否感到恶心、胃有问题或突然想拉肚子？	NO 否	YES 是
h	Did you feel dizzy, unsteady, lightheaded or faint? 您是否有眩晕、站不稳、头轻脚重或晕倒？	NO 否	YES 是

i	Did things around you feel strange, unreal, detached or unfamiliar, or did you feel outside of or detached from part or all of your body? 您是否对周围的事物感到陌生、不真实、疏远或不熟悉,或者您是否觉得自己游离或脱离了自己的部分或全部身体?	NO 否	YES 是
j	Did you fear that you were losing control or going crazy? 您是否担心自己快要失去控制或即将发狂?	NO 否	YES 是
k	Did you fear that you were dying? 您是否担心自己快要死了?	NO 否	YES 是
l	Did you have tingling or numbness in parts of your body? 您是否感觉身体的某些部分有刺痛或麻木的感觉?	NO 否	YES 是
m	Did you have hot flushes or chills? 您是否觉得潮热或发冷?	NO 否	YES 是
E5	ARE BOTH **E3**, AND **4** OR MORE **E4** ANSWERS, CODED **YES**?是否 **E3** 以及 **4** 个或更多对 **E4** 的回答都被标记为“**是**”呢? IF YES TO E5, SKIP TO E7. 如果 E5 回答为“是”,则跳到 E7。	NO 否	YES是 *PANIC DISORDER LIFETIME* *终身惊恐障碍*
E6	IF **E5** = **NO**, ARE ANY E4 ANSWERS CODED **YES**? 如果 **E5=否**,是否对 E4 的任何回答都标记为“**是**”? THEN SKIP TO **F1**. 然后跳到 **F1**。	NO 否	YES是 *PANIC DISORDER LIFETIME* *终身惊恐障碍*
E7	In the past month, did you have such attacks repeatedly (2 or more) followed by persistent concern about having another attack?在过去的 1 个月里,您的惊恐症状是否反复(2 次或更多)发作,并且您是否一直担心惊恐症状会再次发作?	NO 否	YES是 *PANIC DISORDER LIFETIME* *终身惊恐障碍*

F. AGORAPHOBIA 广场恐怖症

F1	Do you feel anxious or uneasy in places or situations where you might have a panic attack or the panic like symptoms we just spoke about, or where help might not be available or escape might be difficult: like being in a crowd, standing in a line (queue), when you are alone away from home or alone at home, or when crossing a bridge, traveling in a bus, train or car? 您是否会在我们刚才谈到的惊恐发作或惊恐样症状可能出现的地方或场合感到焦虑或不安，或在无法获得帮助或可能很难逃离的地方或场合：如在人群中、站在队伍里（排队），感到焦虑或不安，是否会在独自离家或独自在家的时候感到焦虑或不安，或者是否会在过桥，或者乘坐公共汽车、火车或小车旅行时感到焦虑或不安？	NO否	YES是
	IF **F1** = **NO**, CIRCLE **NO** IN **F2**. 如果 **F1=否**，那么在 **F2** 上圈选"**否**"。		
F2	Do you fear these situations so much that you avoid them, or suffer through them, or need a companion to face them? 您是否非常害怕这些场合以至于要避开它们，或者在其中痛苦地熬过去，或者需要人陪伴来面对它们？	NO 否	YES是 *AGORAPHOBIA CURRENT* *当前的广场恐怖症*
	IS **F2** (CURRENT AGORAPHOBIA) CODED **NO** **F2**(当前的广场恐怖症)是否被标记为"**否**" and 和 IS **E7** (CURRENT PANIC DISORDER) CODED **YES**? **E7**(当前的惊恐障碍)是否被标记为"**是**"?	**NO否**	**YES是** ***PANIC DISORDER without Agoraphobia CURRENT*** ***不伴广场恐怖症的当前的惊恐障碍***
	IS **F2** (CURRENT AGORAPHOBIA) CODED **YES** **F2**(当前的广场恐怖症)是否被标记为"**是**" and 和 IS **E7** (CURRENT PANIC DISORDER) CODED **YES**? **E7**(当前的惊恐障碍)是否被标记为"**是**"?	**NO否**	**YES是** ***PANIC DISORDER with Agoraphobia CURRENT*** ***伴有广场恐怖症的当前的惊恐障碍***

IS **F2** (CURRENT AGORAPHOBIA) CODED **YES**
F2(当前的广场恐怖症)是否被标记为**"是"**

and 和

IS **E5** (CURRENT PANIC DISORDER) CODED **NO**?
E5(当前的惊恐障碍)是否被标记为**"否"**?

NO否 YES是

AGORAPHOBIA, CURRENT without history of Panic Disorder
没有惊恐障碍病史的当前的广场恐怖症

G. SOCIAL PHOBIA (Social Anxiety Disorder) 社交恐怖症(社交焦虑症)

(→ MEANS: GO TO THE DIAGNOSTIC BOX, CIRCLE NO AND MOVE TO THE NEXT MODULE →表示:到诊断框里圈选"否",并进入下一个模块)

G1	In the past month, were you fearful or embarrassed being watched, being the focus of attention, or fearful of being humiliated? This includes things like speaking in public, eating in public or with others, writing while someone watches, or being in social situations. 在过去的 1 个月里,您是否因为别人的关注成为注意的焦点而感到恐惧或尴尬,或者害怕被羞辱?这包括在公众场合说话、在公共场合吃饭或与他人一起吃饭、在他人的注视下写字,或身处社交场合等。	→ NO否	YES是
G2	Is this fear excessive or unreasonable? 这种恐惧是否过度或不合理呢?	→ NO否	YES是
G3	Do you fear these situations so much that you avoid them or suffer through them? 您是否非常害怕这些场合以致于要避开它们或者在其中痛苦地熬过去?	→ NO否	YES是
G4	Does this fear disrupt your normal work or social functioning or cause you significant distress? 这种恐惧是否扰乱了您的正常工作或社交功能或让您感到明显痛苦?	**NO否**	**YES是**

SOCIAL PHOBIA (Social Anxiety Disorder) CURRENT
当前的社交恐怖症(社交焦虑症)

H. OBSESSIVE- COMPULSIVE DISORDER 强迫症

(→ MEANS: GO TO THE DIAGNOSTIC BOX, CIRCLE NO AND MOVE TO THE NEXT MODULE →表示:到诊断框里圈选“否”,并进入下一个模块)

H1	In the past month, have you been bothered by recurrent thoughts, impulses, or images that were unwanted, distasteful, inappropriate, intrusive, or distressing? (For example, the idea that you were dirty, contaminated or had germs, **or** fear of contaminating others, **or** fear of harming someone even though you didn't want to, **or** fearing you would act on some impulse, **or** fear or superstitions that you would be responsible for things going wrong, **or** obsessions with sexual thoughts, images or impulses, **or** hoarding, collecting, **or** religious obsessions.) 在过去的1个月里,您是否一直被一些反复出现的想法、冲动或影像所困扰,而这些都是您不想要的、令您讨厌的、不恰当的、侵扰性的,或令您苦恼的?(例如,觉得自己很脏、被污染了或有细菌,**或者**害怕弄脏他人,**或者**害怕伤害别人尽管您并不想伤害,**或者**害怕您会冲动行事,**或者**害怕或迷信您必须为出错的事情负责, **或者**固恋于一些有关性的想法、影像或冲动,**或者**偷偷地贮藏、收集,**或者**着迷于宗教。) (DO NOT INCLUDE SIMPLY EXCESSIVE WORRIES ABOUT REAL LIFE PROBLEMS. DO NOT INCLUDE OBSESSIONS DIRECTLY RELATED TO EATING DISORDERS, SEXUAL DEVIATIONS, PATHOLOGICAL GAMBLING, OR ALCOHOL OR DRUG ABUSE BECAUSE THE PATIENT MAY DERIVE PLEASURE FROM THE ACTIVITY AND MAY WANT TO RESIST IT ONLY BECAUSE OF ITS NEGATIVE CONSEQUENCES.) (不包括只是过度担心实际生活问题。不包括与进食障碍、性偏离、病理性赌博,或者酗酒或吸毒等直接相关的强迫, 因为患者可能会从这种活动中获得快乐,并且可能会仅仅因为其不良后果而忍住不做。)	NO否　YES是 ↓ SKIP TO **H4** 跳到 **H4**
H2	Did they keep coming back into your mind even when you tried to ignore or get rid of them? 即使您试图忽略或排除这些想法, 这些想法是否仍然会持续不断地出现在您的脑海中?	NO否　YES是 ↓ SKIP TO **H4** 跳到 **H4**

H3	Do you think that these obsessions are the product of your own mind and that they are not imposed from the outside? 您是否认为这些强迫观念是来自您的内心，而不是从外部强加的？	NO否	YES是 **obsessions 强迫观念**
H4	In the past month, did you do something repeatedly without being able to resist doing it, like washing or cleaning excessively, counting or checking things over and over, or repeating, collecting, arranging things, or other superstitious rituals? 在过去的1个月里，您是否曾无法抗拒地反复做某事，如过度地清洗或清扫、一遍又一遍地计数或检查东西，或者复述、反复收集、反复整理东西，或者反复做其他迷信的仪式？	NO否	YES是 **compulsions 强迫行为**
	IS **H3** OR **H4** CODED **YES**? 是否 **H3** 或 **H4** 被标记为"**是**"？	→ NO否	YES是
H5	Did you recognize that either these obsessive thoughts or these compulsive behaviors were excessive or unreasonable? 您是否意识到这些强迫观念或这些强迫行为是过分的或不合理的？	→ NO否	YES是
H6	Did these obsessive thoughts and/or compulsive behaviors significantly interfere with your normal routine, occupational functioning, usual social activities, or relationships, or did they take more than one hour a day? 这些强迫观念和(或)强迫行为是否严重地影响了您的正常事务、职业功能、通常的社交活动，或人际关系，或者它们是否每日要占用您超过1h的时间？	**NO否**	**YES是** ***O.C.D. CURRENT 当前的强迫症***

I. POSTTRAUMATIC STRESS DISORDER 创伤后应激障碍

(→ MEANS: GO TO THE DIAGNOSTIC BOX, CIRCLE NO, AND MOVE TO THE NEXT MODULE →表示：到诊断框里圈选"否"，并进入下一个模块)

		→	
I1	Have you ever experienced or witnessed or had to deal with an extremely traumatic event that included actual or threatened death or serious injury to you or someone else? 您是否曾经历或目睹或不得不处理某件极其可怕的创伤性事件，其中包括死亡或受到死亡的威胁或者对您或他人造成的严重的身体伤害？ EXAMPLES OF TRAUMATIC EVENTS INCLUDE: SERIOUS ACCIDENTS, SEXUAL OR PHYSICAL ASSAULT, A TERRORIST ATTACK, BEING HELD HOSTAGE, KIDNAPPING, FIRE, DISCOVERING A BODY, SUDDEN DEATH OF SOMEONE CLOSE TO YOU, WAR, OR NATURAL DISASTER. 创伤性事件的例子包括：严重的事故、性攻击或人身攻击、恐怖袭击、被扣为人质、绑架、火灾、发现尸体、目睹您身边的某人突然死亡、战争，或者自然灾害。	NO否	YES是
		→	
I2	Did you respond with intense fear, helplessness or horror? 面对创伤性事件，您的反应是否是感到强烈的害怕、无助或恐惧？	NO否	YES是
		→	
I3	During the past month, have you re-experienced the event in a distressing way (such as, dreams, intense recollections, flashbacks or physical reactions)? 在过去的1个月期间，您是否再次痛苦地经历了这一事件(如做梦、强烈的回忆、闪回或身体上的反应)？	NO否	YES是
I4	**In the past month: 在过去的1个月里：**		
a	Have you avoided thinking about or talking about the event? 您是否避免想起或谈起这一事件？	NO否	YES是
b	Have you avoided activities, places or people that remind you of the event? 您是否避开过会使您想起这一事件的活动、地方或人？	NO否	YES是
c	Have you had trouble recalling some important part of what happened? 您是否很难回忆起所发生事件的某	NO否	YES是

些重要部分?

d	Have you become much less interested in hobbies or social activities? 您是否对爱好或社交活动变得更不感兴趣了?	NO否	YES是
e	Have you felt detached or estranged from others? 您是否觉得孤立或和其他人变得疏远了?	NO否	YES是
f	Have you noticed that your feelings are numbed? 您是否注意到您的感觉变得麻木了?	NO否	YES是
g	Have you felt that your life will be shortened or that you will die sooner than other people? 您是否觉得您的生命将会缩短,或者您将比其他人死得更早?	NO否	YES是
	ARE **3** OR MORE **I4** ANSWERS CODED **YES**? 是否有 **3** 个或更多对 **I4** 的回答被标记为“**是**”?	→ NO否	YES是

I5 **In the past month: 在过去的 1 个月里:**

a	Have you had difficulty sleeping? 您是否有睡眠问题?	NO否	YES是
b	Were you especially irritable or did you have outbursts of anger? 您是否特别烦躁易怒或者您是否曾突然大发脾气?	NO否	YES是
c	Have you had difficulty concentrating? 您是否很难集中精力?	NO否	YES是
d	Were you nervous or constantly on your guard? 您是否紧张或时常保持警觉?	NO否	YES是
e	Were you easily startled? 您是否很容易受到惊吓?	NO否	YES是
	ARE **2** OR MORE **I5** ANSWERS CODED **YES**? 是否有 **2** 个或更多对 **I5** 的回答被标记为“**是**”?	→ NO否	YES是

I6　During the past month, have these problems significantly interfered with your work or social activities, or caused significant distress? 在过去的 1 个月里，这些问题是否严重地干扰了您的工作或社交活动，或者使您非常苦恼？

NO否　　YES是

POSTTRAUMATIC STRESS DISORDER CURRENT
当前的创伤后应激障碍

J. ALCOHOL ABUSE AND DEPENDENCE 酒精滥用和依赖

(→ MEANS: GO TO DIAGNOSTIC BOXES, CIRCLE NO IN BOTH AND MOVE TO THE NEXT MODULE →表示：到诊断框，在两个框里都圈选“否”，并进入下一个模块)

J1　**In the past 12 months**, have you had 3 or more alcoholic drinks within a 3 hour period on 3 or more occasions? **在过去的 12 个月里**，您是否曾 3 次或 3 次以上地在 3 个小时里喝过 3 种或 3 种以上的酒精饮料？　→ NO否　YES是

J2　**In the past 12 months：在过去的 12 个月里：**

a　Did you need to drink more in order to get the same effect that you got when you first started drinking? 您是否需要喝更多的酒来达到第一次开始喝酒时的效果？　NO否　YES是

b　When you cut down on drinking did your hands shake, did you sweat or feel agitated? Did you drink to avoid these symptoms or to avoid being hungover, for example, “the shakes”, sweating or agitation? 当您减少喝酒时，您的手是否会发抖，您是否会出汗或感到激动不安？您是否以喝酒来避免这些症状或避免宿醉，例如，“发抖”、出汗或激动不安？　NO否　YES是
IF **YES** TO EITHER, CODE **YES**. 若对其中任何一个问题的回答为“**是**”，则标记为“**是**”。

c　During the times when you drank alcohol, did you end up drinking more than you planned when you started? 在喝酒时，您是否最终会喝得比开始计划的量要多？　NO否　YES是

d Have you tried to reduce or stop drinking alcohol but failed? 您是否曾试图减少或停止喝酒，但却失败了？ NO否 YES是

e On the days that you drank, did you spend substantial time in obtaining alcohol, drinking, or in recovering from the effects of alcohol? 在喝酒的日子里，您是否花费了大量的时间找酒、喝酒，或从酒精的作用中恢复过来？ NO否 YES是

f Did you spend less time working, enjoying hobbies, or being with others because of your drinking? 您是否因为喝酒而在工作、爱好或与他人相处方面花的时间更少了？ NO否 YES是

g Have you continued to drink even though you knew that the drinking caused you health or mental problems? 如果知道喝酒对您造成了健康或心理问题，您是否仍然会继续喝酒？ NO否 YES是

ARE **3** OR MORE **J2** ANSWERS CODED **YES**? 是否有 **3** 个或更多对 **J2** 的回答被标记为“**是**”？

* IF YES, SKIP J3 QUESTIONS, CIRCLE N/A IN THE ABUSE BOX AND MOVE TO THE NEXT DISORDER. DEPENDENCE PREEMPTS ABUSE. *如果回答为“是”，则跳过 J3 问题，在“滥用”框里圈选“不适用”并进入下一个障碍。依赖优先于滥用。

NO否 YES*是*

ALCOHOL DEPENDENCE CURRENT 当前的酒精依赖

J3 **In the past 12 months：在过去的 12 个月里：**

a Have you been intoxicated, high, or hungover more than once when you had other responsibilities at school, at work, or at home? Did this cause any problems? 您是否曾不止一次地在学校学习、办公室工作或在家做家务时喝醉、喝高或宿醉？这是否造成了问题？ NO否 YES是

(CODE **YES** ONLY IF THIS CAUSED PROBLEMS.)
(只在造成了问题时才标记为“**是**”。)

b Were you intoxicated more than once in any situation where you were physically at risk, for example, driving a car, riding a motorbike, using machinery, boating, etc.? 您是否不止一次地在身处风险的情况下，例如，开车、骑摩托车、操作机器、划船等喝醉？ NO否 YES是

c Did you have legal problems more than once because of your drinking, for example, an arrest or disorderly conduct? 您是否不止一次地因为喝酒而触犯法律，例如，被逮捕或做出扰乱治安的行为？ NO否 YES是

d Did you continue to drink even though your drinking caused problems with your family or other people? 如果喝酒对您与家人或其他人的关系造成了问题，您是否仍然会继续喝酒？ NO否 YES是

ARE 1 OR MORE J3 ANSWERS CODED **YES**? 是否有**1**个或更多对**J3**的回答被标记为“**是**”？

NO否 ***N/A不适用***
YES是

ALCOHOL ABUSE CURRENT
当前的
酒精滥用

K. NON-ALCOHOL PSYCHOACTIVE SUBSTANCE USE DISORDERS 非酒精性精神活性物质使用障碍

(→ MEANS: GO TO THE DIAGNOSTIC BOXES, CIRCLE NO IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE →表示：到诊断框，在所有框里都圈选“否”，并进入下一个模块)

Now I am going to show you / read to you a list of street drugs or medicines. **现在我要给您看/为您念一份街头毒品的清单。**

K1 a **In the past 12 months,** did you take any of these drugs more than once, to get high, to feel better, or to change your mood? **在过去的12个月里，**为了使自己兴奋、获得快感或改变自己的情绪，您是否不止一次地服用过任何一种此类毒品？ → NO否 YES是

CIRCLE EACH DRUG TAKEN: 圈出服用过的每一种毒品：

Stimulants: amphetamines, “speed”, crystal meth, “crank”, “rush”, Dexedrine, Ritalin, diet pills. **兴奋剂类：**安非他命、“速度丸”、冰毒、“曲柄”、“速行”、右旋安非他命、哌甲酯、减肥药。

Cocaine: snorting, Ⅳ, freebase, crack, “speedball”. **可卡因类：**烫吸可卡因、4号可卡因、浓缩可卡因、快客可卡因、“快速球”。

Narcotics: heroin, morphine, Dilaudid, opium, Demerol, methadone, codeine, Percodan, Darvon, OxyContin. **麻醉剂类：**海洛因、吗啡、氢吗啡酮、鸦片、德美罗、美沙酮、可待因、羟考酮、右旋丙氧酚、复方羟氢可待因。

Hallucinogens: LSD (“acid”), mescaline, peyote, PCP (“Angel Dust”, “peace pill”), psilocybin, STP, “mushrooms”, ecstasy, MDA, or MDMA, ketamine (“special K”). **致幻剂类：**麦角酸二乙胺(“酸”)、酶斯卡灵、佩奥特碱、普斯普剂(“天使粉”“和平丸”)、二甲-4-羟色胺磷酸、二甲氧甲苯丙胺、“致幻蘑菇”、“迷魂药”、亚甲基二氧基苯丙胺、或3,4-亚甲二氧基甲基苯丙胺(摇头丸)、克他命(“特殊K”)。

Inhalants: “glue”, ethyl chloride, “rush”, nitrous oxide (“laughing gas”), amyl or butyl nitrate (“poppers”). **吸入剂类：**“强力胶”、乙基氯、“速行”、一氧化二氮(“笑气”)、戊基或亚硝酸正丁酯(“安瓿”)。

Marijuana: hashish (“hash”), THC, “pot”, “grass”, “weed”, “reefer”. **大麻类：**印度大麻(“大麻麻醉剂”)、四氢大麻酚、“罐子”、“青草”、“大麻”、“大麻烟卷”。

Tranquilizers: quaalude, Seconal (“reds”), Valium, Xanax, Librium, Ativan, Dalmane, Halcion, barbiturates, Miltown, GHB, Roofinol, “Roofies”. **镇静剂类：**安甲喹酮、司可巴比妥(“红中”)、地西泮、阿普唑仑、氯氮䓬、劳拉西泮、氟西泮、酣乐欣、巴比妥、甲丙氨酯、羟丁酸钠、鲁非诺、“迷奸药”。

Miscellaneous: steroids, nonprescription sleep or diet pills. Any others? **其他类：**类固醇、非处方安眠药或减肥药。任何其他药物？

SPECIFY MOST USED DRUG(s): 请具体指明最常服用的毒品：__________

CHECK ONE BOX
勾取一个方框

ONLY ONE DURG / DRUG CLASS HAS BEEN USED 只用过一种毒品、一类毒品	☐
ONLY THE MOST USED DRUG CLASS IS INVESTIGATED. 只调查最常服用的一类毒品。	☐
EACH DRUG CLASS USED IS EXAMINED SEPARATELY (PHOTOCOPY K2 AND K3 AS NEEDED) 分别询问每一类服用过的毒品(如需要的话,复印 K2 和 K3)	☐

b　SPECIFY WHICH DRUG/ DRUG CLASS WILL BE EXPLORED IN THE INTERVIEW BELOW IF THERE IS CONCURRENT OR SEQUENTIAL POLYSUBSTANCE USE: 如果存在同时或相继服用多种毒品的话,请注明在以下会谈中追问的是哪一种毒品、哪一类毒品: ______________________

K2　**Considering your use of (NAME THE DRUG / DRUG CLASS SELECTED), in past 12 months: 考虑您在过去的 12 个月里服用的(已选出的毒品名称、毒品分类):**

a　Have you found that you needed to use more (NAME OF DRUG / DRUG CLASS SELECTED) to get the same effect that you did when you first started taking it? 您是否发现您需要服用更多的(已选出的毒品名称、毒品分类)来达到您第一次开始服用毒品时的效果?	NO否	YES是
b　When you reduced or stopped using (NAME OF DRUG / DRUG CLASS SELECTED), did you have withdrawal symptoms (aches, shaking, fever, weakness, diarrhea, nausea, sweating, heart pounding, difficulty sleeping, or feeling agitated, anxious, irritable, or depressed)? Did you use any drug(s) to keep yourself from getting sick (withdrawal symptoms) or so that you would feel better? 当您减少或停止服用(已选出的毒品名称、毒品分类)时,您是否出现了戒断症状(疼痛、发抖、发热、乏力、腹泻、恶心、出汗、心跳加剧、睡眠困难,或感觉躁动、焦虑、烦躁易怒或抑郁)?	NO否	YES是

您是否曾服用过毒品来避免生病(戒断症状)或以便使自己感觉好些?

IF **YES** TO EITHER, CODE **YES**. 如果对任何一个问题的回答为“**是**”,则标记为“**是**”。

c	Have you often found that when you used (NAME OF DRUG / DRUG CLASS SELECTED), you ended up taking more than you thought you would? 您是否经常发现,当您服用(已选出的毒品名称、毒品分类)时,结果总是服用了比您打算服用的量还多?	NO否	YES是
d	Have you tried to reduce or stop taking (NAME OF DRUG / DRUG CLASS SELECTED) but failed? 您是否曾试图减少或戒除 (已选出的毒品名称、毒品分类),但却失败了?	NO否	YES是
e	On the days that you used (NAME OF DRUG / DRUG CLASS SELECTED), did you spend substantial time (>2HOURS), obtaining, using or in recovering from the drug, or thinking about the drug? 在服用(已选出的毒品名称、毒品分类)的日子里,您是否花费了大量时间(超过 2h)寻找毒品、服用毒品或从毒品的作用中恢复过来或者在想着这种毒品?	NO否	YES是
f	Did you spend less time working, enjoying hobbies, or being with family or friends because of your drug use? 您是否因为服用毒品而在工作、爱好或与家人或朋友相处方面花的时间更少了?	NO否	YES是
g	Have you continued to use (NAME OF DRUG / DRUG CLASS SELECTED), even though it caused you health or mental problems? 如果(已选出的毒品名称、毒品分类)引起了您健康或心理问题,您是否仍然会继续服用该毒品?	NO否	YES是

ARE **3** OR MORE **K2** ANSWERS CODED **YES**?是否有 **3** 个或更多对 **K2** 的回答被标记为“**是**”?

SPECIFY DRUG(S): 注明毒品:

NO否　**YES*是***

SUBSTANCE DEPENDENCE CURRENT
当前的物质依赖

* IF YES, SKIP K3 QUESTIONS, CIRCLE N/A IN THE ABUSE BOX FOR THIS SUBSTANCE AND MOVE TO THE NEXT DISORDER. DEPENDENCE PREEMPTS ABUSE. * 如果回答为“是”,则跳过 K3 问题,在该物质的“滥用”眶里圈选“不适用”并进入下一个障碍。依赖优先于滥用。

K3 **Considering your use of (NAME THE DRUG CLASS SELECTED), in past 12 months: 考虑您在过去的 12 个月里服用的(已选出的毒品分类名称):**

a Have you been intoxicated, high, or hungover from (NAME OF DRUG / DRUG CLASS SELECTED) more than once, when you had other responsibilities at school, at work, or at home? Did this cause any problems? 当您在学校学习、办公室工作或在家做家务时,您是否不止一次地从服用 (已选出的毒品名称、毒品分类)中获得兴奋感、快感或宿醉?这是否造成了问题?　NO否　YES是

(CODE **YES** ONLY IF THIS CAUSED PROBLEMS.)
(只在造成了问题时才标记为“**是**”。)

b Have you been high or intoxicated from (NAME OF DRUG / DRUG CLASS SELECTED) more than once in any situation where you were physically at risk (for example, driving a car, riding a motorbike, using machinery, boating, etc.)? 您是否不止一次地在身处风险的情况下(例如,开车、骑摩托车、操作机器、划船等)服用(已选出的毒品名称、毒品分类)获得快感或兴奋感?　NO否　YES是

c Did you have legal problems more than once because of　NO否　YES是

your drug use, for example, an arrest or disorderly conduct? 您是否曾不止一次地因服用毒品而触犯法律，例如，被逮捕或做出扰乱治安的行为？

d Did you continue to use (NAME OF DRUG / DRUG CLASS SELECTED), even though it caused problems with your family or other people? 如果(已选出的毒品名称、毒品分类)对您与家人或其他人的关系造成了问题，您是否仍然会继续服用该毒品？ NO否 YES是

ARE **1** OR MORE **K3** ANSWERS CODED **YES**? 是否有 **1** 个或更多对 **K3** 的回答被标记为“**是**”？

SPECIFY DRUG(S): 注明毒品：

NO否 ***N/A不适用***
YES是

SUBSTANCE ABUSE CURRENT
当前的
物质滥用

L. PSYCHOTIC DISORDERS AND MOOD DISORDER WITH PSYCHOTIC FEATURES

具有精神病特征的精神病性障碍和心境障碍

ASK FOR AN EXAMPLE OF EACH QUESTION ANSWERED POSITIVELY. CODE **YES** ONLY IF THE EXAMPLES CLEARLY SHOW A DISTORTION OF THOUGHT OR OF PERCEPTION OR IF THEY ARE NOT CULTURALLY APPROPRIATE. BEFORE CODING, INVESTIGATE WHETHER DELUSIONS QUALIFY AS “BIZARRE”. 对于每个被肯定回答的问题，要求患者举一个例子。只有当所举的例子清楚地显示出患者在思维或感知方面存在障碍，或者这些例子不具有文化适宜性，才标记为“**是**”。在标记之前，请查明患者的妄想是否符合“怪异”的特性。

DELUSIONS ARE “BIZARRE” IF: CLEARLY IMPLAUSIBLE, ABSURD, NOT UNDERSTANDABLE, AND CANNOT DERIVE FROM ORDINARY LIFE EXPERIENCE. “怪异的”妄想指的是：明显难以置信的、荒谬的、不可理解的、不能从正常的生活经验得出的想法。

HALLUCINATIONS ARE SCORED “BIZARRE” IF: A VOICE COMMENTS ON THE PERSON’S THOUGHTS OR BEHAVIOR, OR WHEN TWO OR MORE VOICES ARE CONVERSING WITH EACH OTHER. 被评为“怪异的”幻觉指的是：对患者的思想或行为加以评论的声音，或者当 2 种或 2 种以上的声音彼此在交谈。

					BIZARRE 怪异的
		Now I am going to ask you about unusual experiences that some people have. 现在我要问您关于某些人有过的不寻常的经历。			
L1	a	Have you ever believed that people were spying on you, or that someone was plotting against you, or trying to hurt you? 您是否曾认为有人在暗中监视您,或者有人密谋反对您或企图伤害您? **NOTE:** ASK FOR EXAMPLES TO RULE OUT ACTUAL STALKING. **注意:**询问具体的例子以排除实际被暗中跟踪的情况。	NO 否	YES 是	YES 是
	b	**IF YES:** do you currently believe these things? **如果回答为"是",则问:**现在您是否还相信这些事?	NO 否	YES 是	YES是 →L6
L2	a	Have you ever believed that someone was reading your mind or could hear your thoughts, or that you could actually read someone's mind or hear what another person was thinking? 您是否曾相信有人会读出您的心思或能听到您的想法,或者您确实能读出别人的心思或听见别人正在想的事情?	NO 否	YES 是	YES 是
	b	**IF YES:** do you currently believe these things? **如果回答为"是",则问:**现在您是否还相信这些事	NO 否	YES 是	YES是 →L6
L3	a	Have you ever believed that someone or some force outside of yourself put thoughts in your mind that were not your own, or made you act in a way that was not your usual self? Have you ever felt that you were possessed? 您是否曾相信外界的某个人或某种力量将不是您自己的想法灌输到您的大脑中,或者使您做出与平时不一样的行动吗?您是否曾觉得自己被鬼魂附身了吗? CLINICIAN: ASK FOR EXAMPLES AND DISCOUNT ANY THAT ARE NOT PSYCHOTIC. 临床医生:询问具体的例子并将任何不具有精神病特征的例子排除在外。	NO 否	YES 是	YES 是
	b	**IF YES:** do you currently believe these things? **如果回答为"是",则问:**现在您是否还相信这些事?	NO 否	YES 是	YES是 →L6

L4	a	Have you ever believed that you were being sent special messages through the TV, radio, or newspaper, or that a person you did not personally know was particularly interested in you? 您是否曾相信电视、收音机或报纸正向您传送特别的信息，或者您不认识的某个人对您特别感兴趣？	NO 否	YES 是	YES 是
	b	**IF YES:** do you currently believe these things? **如果回答为"是",则问:**现在您是否还相信这些事？	NO 否	YES 是	YES是 →L6
L5	a	Have your relatives or friends ever considered any of your beliefs strange or unusual? 您的亲戚或朋友是否曾认为您的信仰奇怪或不寻常？ INTERVIEWER: ASK FOR EXAMPLES. ONLY CODE **YES** IF THE EXAMPLES ARE **CLEARLY** DELUSIONAL IDEAS NOT EXPLORED IN QUESTIONS L1 TO L4, FOR EXAMPLE, SOMATIC OR RELIGIOUS DELUSIONS OR DELUSIONS OF GRANDIOSITY, JEALOUSY, GUILT, RUIN OR DESTITUTION, ETC. 访谈员:询问具体的例子。只有当所举的例子**明显**是妄想意念,并且不是 **L1~L4** 问题所探讨的妄想意念,例如,关于肉体或宗教的妄想或者关于超凡脱俗、嫉妒、自罪、毁灭或贫困的妄想等,才标记为"**是**"。	NO 否	YES 是	YES是
	b	**IF YES:** do they currently consider your beliefs strange? **如果回答为"是",则问:**现在他们是否还认为您的信仰是奇怪的？	NO 否	YES 是	YES 是
L6	a	Have you ever heard things other people couldn't hear, such as voices? 您是否曾经听到过其他人不能听到的东西,比如声音？ HALLUCINATIONS ARE SCORED "BIZARRE" ONLY IF PATIENT ANSWERS **YES** TO THE FOLLOWING: 只有当患者对下列问题回答为"**是**"时,幻听才被评为"怪异的":	NO 否	YES 是	
		IF YES: Did you hear a voice commenting on your thoughts or behavior or did you hear two or more voices			YES 是

		talking to each other? **如果对关于幻听问题的回答为“是”,则问:**这个声音是否在评论您的想法或行为,或者您是否听到了 2 种或 2 种以上的声音正在彼此交谈?			
	b	**IF YES:** have you heard these things in the past month? **如果回答为“是”,则问:**您是否在过去的 1 个月里听到过这些声音?	NO 否	YES 是	YES是 →L8b
L7	a	Have you ever had visions when you were awake or have you ever seen things other people couldn't see? 您是否曾在清醒的时候有过幻视,或者曾看到过别人看不到的东西? CLINICIAN: CHECK TO SEE IF THESE ARE CULTURALLY INAPPROPRIATE. 临床医生:检查这些问题以判断是否不具有文化适宜性。	NO否	YES是	
	b	**IF YES:** have you seen these things in the past month? **如果回答为“是”,则问:**您是否在过去的 1 个月里看到过这些东西?	NO否	YES是	
		CLINICIAN'S JUDGMENT 临床医生的判断			
L8	b	IS THE PATIENT CURRENTLY EXHIBITING INCOHERENCE, DISORGANIZED SPEECH, OR MARKED LOOSENING OF ASSOCIATIONS? 患者当前是否言语不连贯、言语紊乱或显著的联想松弛?	NO否	YES是	
L9	b	IS THE PATIENT CURRENTLY EXHIBITING DISORGANIZED OR CATATONIC BEHAVIOR? 患者当前是否表现出行为解体或紧张性行为?	NO否	YES是	
L10	b	ARE NEGATIVE SYMPTOMS OF SCHIZOPHRENIA, E.G. SIGNIFICANT AFFECTIVE FLATTENING, POVERTY OF SPEECH (ALOGIA) OR AN INABILITY TO INITIATE OR PERSIST IN GOAL-DIRECTED ACTIVITIES (AVOLITION), PROMINENT DURING THE INTERVIEW? 在访谈过程中,患者是否显著地表现出精神分裂症的阴性症状,例如,明显的情	NO否	YES是	

感平淡、言语贫乏(失语症)或无法开始或坚持有目标的活动(意志缺乏)?

L11 a ARE 1 OR MORE "a" QUESTIONS FROM L1a TO L7a CODED **YES OR YES BIZARRE** AND IS EITHER: 对于从 L1a 到 L7a 的"a"问题,是否有 1 个或更多的回答为**"是"**或**"是怪异的"**,并且是否:

MAJOR DEPRESSIVE EPISODE, (CURRENT OR RECURRENT)? 重性抑郁发作(当前的或复发的)被标记为"是"

OR 或者

MANIC OR HYPOMANIC EPISODE, (CURRENT OR PAST) CODED **YES**? 躁狂或轻躁狂发作(当前或既往的)被标记为**"是"**?

NO否 YES是
→L13

IF NO TO L11a, CIRCLE ON IN BOTH 'MOOD DISORDER WITH PSYCHOTIC FEATURES' DIAGNOSTIC BOXES AND MOVE TO L13. 如果对 L11a 的回答为"否",则圈选两个"具有精神病特征的心境障碍"诊断框中的"否",然后进入 L13。

b You told me earlier that you had period (s) when you felt (depressed/high/persistently irritable). 您先前告诉过我曾经有一(几)段时期您觉得(情绪低落、非常兴奋、持续的烦躁易怒)。

Were the beliefs and experiences you just described (SYMPTOMS CODED **YES** FROM **L1a** TO **L7a**) restricted exclusively to times when you were feeling depressed/high/irritable? 您刚才描述的想法和经历(从 **L1a** 到 **L7a** 标记为**"是"**的症状)是否只局限于发生在您觉得抑郁、非常兴奋、烦躁易怒的时候?

IF THE PATIENT EVER HAD A PERIOD OF AT LEAST 2 WEEKS OF HAVING THESE BELIEFS OR EXPERIENCES (PSYCHOTIC SYMPTOMS) WHEN

NO否	**YES是**
MOOD DISORDER WITH *PSYCHOTIC FEATURES* ***具有精神病性特征的心境障碍*** **LIFETIME 终身**	

THEY WERE NOT DEPRESSED/HIGH/ IRRITABLE, CODE NO TO THIS DISORDER. 如果患者曾在一段至少 2 周的时期有过这些想法或经历（精神病性症状），但他们并没有觉得情绪低落、非常兴奋、烦躁易怒，对这一障碍就标记为“否”。

IF THE ANSWER IS NO TO THIS DISORDER, ALSO CIRCLE NO TO L12 AND MOVE TO L13 如果对这个障碍的回答为“否”，就在 L12 上也圈选“否”，然后进入 L13

L12 a ARE 1 OR MORE “b” QUESTIONS FROM L1b TO L7b CODED **YES OR YES BIZARRE** AND IS EITHER: 对于从 L1b 到 L7b 的“b”问题，是否有 1 个或更多的回答为**“是”或“是怪异的”**，并且是否：

MAJOR DEPRESSIVE EPISODE, (CURRENT) 重性抑郁发作，（当前的）被标记为“是”

OR 或者

MANIC OR HYPOMANIC EPISODE, (CURRENT) CODED **YES**? 躁狂或轻躁狂发作（当前的）被标记为“**是**”？

IF THE ANSWER IS YES TO THIS DISORDER, CIRCLE NO TO L13 AND L14 AND MOVE TO THE NEXT MODULE 如果对这个障碍的回答为“是”，就在 L13 和 L14 上圈选“否”，然后进入下一个模块

NO否　　YES是

MOOD DISORDER WITH
PSYCHOTIC FEATURES
具有精神病性特征的
心境障碍
CURRENT 当前的

L13 ARE 1 OR MORE “b” QUESTIONS CODED **YES BIZARRE**? 是否有 1 个或更多对“b”问题的回答为“**是怪异的**”？

OR 或者

ARE 2 OR MORE “b” QUESTIONS CODED **YES** (RATHER THAN **YES BIZARRE**)? 是否有 2 个或更多对“b”问题的回答为“**是**”（而不是 “**是怪异的**”）？

NO否　　YES是

PSYCHOTIC DISORDER
CURRENT
精神病性障碍
当前的

L14 IS **L13** CODED **YES**?是否 **L13** 被标记为“是”? **OR 或者** ARE 1 OR MORE “a” QUESTIONS FROM L1a TO L7a, CODED **YES BIZARRE**? 对于从 L1a 到 L7a 的“a”问题,是否有 **1** 个或更多的回答为 **“是怪异的”**? **OR 或者** ARE 2 OR MORE “a” QUESTIONS FROM L1a TO L7a, CODED **YES** (RATHER THAN **YES BIZARRE**)? 对于从 L1a 到 L7a 的“a”问题,是否有 2 个或更多的回答为“**是**”(而不是 **“是怪异的”**)? AND DID AT LEAST TWO OF THE PSYCHOTIC SYMPTOMS OCCUR DURING THE SAME TIME PERIOD? 是否至少有 2 种精神病性症状发生在同一个时间段?	**NO否** **YES是** ***PSYCHOTIC DISORDER*** **LIFETIME** ***精神病性障碍*** **终身的**

M. ANOREXIA NERVOSA 神经性厌食

(→ MEANS: GO TO THE DIAGNOSTIC BOX, CIRCLE NO, AND MOVE TO THE NEXT MODULE →表示:到诊断框,圈选“否”,并进入下一个模块)

M1	a	How tall are you? 您有多高?	□ft.英尺 □□in.英寸 □ □ □cm.厘米
	b	What was your lowest weight in the past 3 months? 在过去的 3 个月里,您最轻的体重是多少?	□ □ □lbs.磅 □ □ □kgs.千克
	c	IS PATIENT'S WEIGHT EQUAL TO OR BELOW THE THRESHOLD CORRESPONDING TO HIS / HER HEIGHT? (SEE TABLE BELOW) 患者的体重是否等于或小于与他/她的身高相应的阈值(见下表)?	→ NO否 YES是

In the past 3 months: 在过去 3 个月里:

M2		In spite of this low weight, have you tried not to gain weight? 即便体重低,您也不会尝试增加体重吗?	→ NO否	YES是
M3		Have you intensely feared gaining weight or becoming fat, even though you were underweight? 您是否非常害怕增加体重或变得肥胖,即使您已体重过低?	→ NO否	YES是
M4	a	Have you considered yourself fat or that part of your body was too fat? 您是否认为自己肥胖或身体的某部分太胖?	NO否	YES是
	b	Has your body weight or shape greatly influenced how you felt about yourself? 您的体重或身材是否已经严重影响到您对自己的看法?	NO否	YES是
	c	Have you thought that your current low body weight was normal or excessive? 您是否觉得当前的低体重是正常的或是过重了?	NO否	YES是
M5		ARE 1 OR MORE ITEMS FROM **M4** CODED **YES**? 在对 **L4** 的回答中，是否有 1 个或更多的回答被标记为"是"?	→ NO否	YES是
M6		FOR WOMEN ONLY: During the 3 last months, did you miss all your menstrual periods when they were expected to occur (when you were not pregnant)? 仅针对女性患者:在过去的 3 个月里,是否所有该来的月经都没有来(在此期间您没有怀孕)?	→ NO否	YES是
		FOR WOMEN: ARE **M5 AND M6** CODED **YES**? 针对女性:是否 **M5** 和 **M6** 都被标记为"是"? FOR MEN: IS **M5** CODED **YES**? 针对男性:是否 **M5** 被标记为"是"?	**NO否**	**YES是** ***ANOREXIA NERVOSA*** **CURRENT** ***神经性厌食*** **当前的**

TABLE HEIGHT / WEIGHT TABLE CORRESPONDING TO A BMI THRESHOLD OF 17.5 KG/M² 与体重指数的阈值 17.5kg/m² 相对应的身高/体重表

Height/Weight 身高/体重							
ft./in.英尺/英寸	4′9	4′10	4′11	5′0	5′1	5′2	5′3
lbs.磅	81	84	87	89	92	96	99
cm.厘米	145	147	150	152	155	158	160
kgs.千克	37	38	39	41	42	43	45
Height/Weight 身高/体重							
ft./in.英尺/英寸	5′4	5′5	5′6	5′7	5′8	5′9	5′10
lbs.磅	102	105	108	112	115	118	122
cm.厘米	163	165	168	170	173	175	178
kgs.千克	46	48	49	51	52	54	55
Height/Weight 身高/体重							
ft./in.英尺/英寸	5′11	6′0	6′1	6′2	6′3		
lbs.磅	125	129	132	136	140		
cm.厘米	180	183	185	188	191		
kgs.千克	57	59	60	62	64		

The weight thresholds above are calculated using a body mass index (BMI) equal to or below 17.5kg/m² for the patient's height. This is the threshold guideline below which a person is deemed underweight by the DSM-Ⅳ and the ICD-10 Diagnostic Criteria for Research for Anorexia Nervosa. 上面的体重阈值采用针对患者身高等于或低于17.5kg/m²的体重指数(BMI)来计算。当根据研究神经性厌食的DSM-Ⅳ和ICD-10诊断标准判断某人体重低时，上表可以用来作为阈值指导。

N. BULIMIA NERVOSA 神经性贪食

(→ MEANS: GO TO THE DIAGNOSTIC BOXES, CIRCLE NO IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE →表示：到诊断框，在所有的诊断框里圈选"否"，并进入下一个模块)

N1	In the past three months, did you have eating binges or times when you ate a very large amount of food within a 2-hour period? 在过去的3个月里，您是否暴食或者在2个小时期间吃下了大量的食物？	→ NO 否	YES 是
N2	In the past 3 months, did you have eating binges as often as twice a week? 在过去的3个月里，您的暴食频率是否每周至少2次？	→ NO 否	YES 是

		→ NO 否	YES 是
N3	During these binges, did you feel that your eating was out of control? 在暴食期间，您是否感到吃东西失去控制？	→ NO 否	YES 是
N4	Did you do anything to compensate for, or to prevent a weight gain from these binges, like vomiting, fasting, exercising or taking laxatives, enemas, diuretics (fluid pills), or other medications? 为了做出补偿或者防止因暴食而体重增加，您是否做过这些事情，如呕吐、禁食、锻炼或服用轻泻药、灌肠剂、利尿剂（液体药剂），或者其他药物？	→ NO 否	YES 是
N5	Does your body weight or shape greatly influence how you feel about yourself？ 您的体重或身材是否已经严重影响到您对自己的看法？	→ NO 否	YES 是
N6	DO THE PATIENT'S SYMPTOMS MEET CRITERIA FOR ANOREXIA NERVOSA? 患者的症状是否符合神经性厌食的标准？	NO 否 ↓ Skip to N8 跳到N8	YES 是
N7	Do these binges occur only when you are under (___lbs./kgs.)? 暴食是否只出现在您的体重低于(___磅/kg)的时候？ INTERVIEWER: WRITE IN THE ABOVE PARENTHESIS THE THRESHOLD WEIGHT FOR THIS PATIENT'S HEIGHT FROM THE HEIGHT/ WEIGHT TABLE IN THE ANOREXIA NERVOSA MODULE. 访谈员：根据神经性厌食症模块中的身高/体重表，在上面的圆括号中写下针对患者身高的阈值体重。	NO 否	YES 是
N8	IS **N5** CODED **YES** AND **N7** CODED **NO** OR SKIPPED? **N5** 是否被标记为“**是**”并且 **N7** 是否被标记为“**否**”或跳过？	**NO否**	**YES是** ***BULIMIA NERVOSA*** **CURRENT** ***神经性贪食*** **当前的**

IS **N7** CODED **YES**? **N7** 是否被标记为“**是**”?

NO否	**YES是**
	ANOREXIA NERVOSA *Binge Eating/Purging Type* **CURRENT** ***神经性厌食*** *暴食、引吐型* **当前的**

O. GENERALIZED ANXIETY DISORDER 广泛性焦虑障碍

(→ MEANS: GO TO THE DIAGNOSTIC BOX, CIRCLE NO, AND MOVE TO THE NEXT MODULE →表示:到诊断框,圈选“否”,并进入下一个模块)

O1	a	Have you worried excessively or been anxious about several things over the past 6 months? 在过去的6个月里,您是否对几件日常琐事感到过度担心或焦虑?	→ NO 否	YES 是
	b	Are these worries present most days? 您是否在大多数的日子里都感到担心?	→ NO 否	YES 是
		IS THE PATIENT'S ANXIETY RESTRICTED EXCLUSIVELY TO, OR BETTER EXPLAINED BY, ANY DISORDER PRIOR TO THIS POINT? 患者的焦虑是否仅局限于在此之前的障碍,或者能更好地被在此之前的障碍所解释?	NO 否	→ YES 是
O2		Do you find it difficult to control the worries or do they interfere with your ability to focus on what you are doing? 您是否发现很难控制这些担心或者这些担心是否妨碍您集中心思于正在做的事?	→ NO 否	YES 是

O3 FOR THE FOLLOWING, CODE **NO** IF THE SYMPTOMS ARE CONFINED TO FEATURES OF ANY DISORDER EXPLORED PRIOR TO THIS POINT. 对于下列问题,如果其症状只属于在此之前已经探讨过的障碍的特征,则标记为“**否**”。

When you were anxious over the past 6 months, did you, most of the time: 在过去的 6 个月,当您感到焦虑时,您是否在大部分的时间:

a	Feel restless, keyed up or on edge? 感到不安、激动或紧迫感?	NO 否	YES 是
b	Feel tense? 觉得肌肉紧张?	NO 否	YES 是
c	Feel tired, weak or exhausted easily? 容易感到疲倦、虚弱或容易筋疲力尽?	NO 否	YES 是
d	Have difficulty concentrating or find your mind going blank? 很难集中精力或觉得大脑一片空白?	NO 否	YES 是
e	Feel irritable? 感到烦躁易怒?	NO 否	YES 是
f	Have difficulty sleeping (difficulty falling asleep, waking up in the middle of the night, early morning wakening or sleeping excessively)? 有睡眠障碍(难以入睡、半夜醒来、早上醒得过早,或睡眠过多)?	NO 否	YES 是

ARE **3** OR MORE **O3** ANSWERS CODED **YES**? 是否有 **3** 个或更多对 **O3** 的回答被标记为"是"?

NO否 YES是

GENERALIZED ANXIETY DISORDER
CURRENT
广泛性焦虑障碍
当前的

P. ANTISOCIAL PERSONALITY DISORDER 反社会型人格障碍

(→ MEANS: GO TO THE DIAGNOSTIC BOX AND CIRCLE NO. →表示:到诊断框,圈选"否")

P1 **Before you were 15 years old, did you: 在您 15 岁以前,您是否:**

a	repeatedly skip school or run away from home overnight? 多次逃学或离家彻夜不归?	NO否	YES是

b	repeatedly lie, cheat, “con” others, or steal? 多次撒谎、欺骗、“哄骗”他人,或偷窃?	NO否	YES是
c	start fights or bully, threaten, or intimidate others? 挑起打架或欺负、威胁,或恐吓他人?	NO否	YES是
d	deliberately destroy things or start fires? 故意破坏东西或纵火?	NO否	YES是
e	deliberately hurt animals or people? 故意伤害动物或人?	NO否	YES是
f	force someone to have sex with you? 强迫某人与您发生性行为?	NO否	YES是
	ARE **2** OR MORE **P1** ANSWERS CODED **YES**? 是否有 **2** 个或更多对 **P1** 的回答被标记为“**是**”?	→ NO否	YES是

DO NOT CODE **YES** TO THE BEHAVIORS BELOW IF THEY ARE EXCLUSIVELY POLITICALLY OR RELIGIOUSLY MOTIVATED. 对于下面的行为,如果只是出于政治或宗教动机,请勿标记为“**是**”。

P2 **Since you were 15 years old, have you: 从 15 岁以来,您:**

a	repeatedly behaved in a way that others would consider irresponsible, like failing to pay for things you owed, deliberately being impulsive or deliberately not working to support yourself? 是否多次以别人认为不负责任的方式行事,如拿东西不付钱,故意表现出冲动或故意不工作养活自己?	NO否	YES是
b	done things that are illegal even if you didn't get caught (for example, destroying property, shoplifting, stealing, selling drugs, or committing a felony)? 是否做了违法的事情(例如,破坏财物、在商店偷商品、偷东西、贩卖毒品,或犯重罪),即使没被抓到?	NO否	YES是

c	been in physical fights repeatedly (including physical fights with your spouse or chidren)? 是否多次打架(包括与配偶或孩子打架)?	NO否	YES是
d	often lied or "conned" other people to get money or pleasure, or lied just for fun? 是否经常说谎或"哄骗"他人以获取钱财或乐趣,或者只是为了好玩?	NO否	YES是
e	exposed others to danger without caring? 是否置别人于危险的情景中而毫不在意?	NO否	YES是
f	felt no guilt after hurting, mistreating, lying to, or stealing from others, or after damaging property?是否在伤害他人、虐待他人、对他人说谎、偷他人的东西,或者破坏财物后不觉得有罪恶感?	NO否	YES是
	ARE **3** OR MORE **P2** ANSWERS CODED **YES**? 是否有 **3** 个或更多对 **P2** 的回答被标记为"是"?	**NO否**	**YES是** ***ANTISOCIAL PERSONALITY DISORDER*** **LIFETIME** ***反社会型人格障碍*** **终身的**

THIS CONCLUDES THE INTERVIEW
访谈结束

附　　录

MINI 补充说明

1. Overview 总则

- Semi-structured interview that assesses criteria for many of anxiety and depressive disorders as defined by the Diagnostic and Statistical Manual for Mental Disorders, 4th Edition. Assess current and some lifetime diagnoses 半结构式面谈,用于评估 DSM-Ⅳ-TR 诊断标准下的许多焦虑和抑郁障碍。评估目前的和曾有的终身疾病诊断
- Interview questions are designed to initially ask about a mandatory criteria within a disorder. If a criterion is absent, then skip to next disorder, but otherwise all subsections should be completed for each illness 面谈问题首先必须询问一种障碍的诊断标准。如果该诊断不存在,则可以开始评估下一个障碍,否则每种疾病的所有次级区块都需

要完成

- Interview questions establish the minimum information to be obtained—interviewers will need to ask further follow-up and clarification questions in order to determine the presence or absence of a criteria 评分员通过面谈问题获取最小量信息，然后需要进一步询问和理清问题来判断是否符合诊断标准
- Screening questions are included for secondary Axis Ⅰ illnesses as described in the DSM-Ⅳ, such as psychotic disorders and personality disorders; positive determinations on these questions should prompt further evaluation by diagnostic interviewing 筛选式问题包括 DSM-Ⅳ中次要的轴Ⅰ型疾病，例如精神病性障碍和人格障碍；这些问题的证实将由更进一步的诊断性面谈来评估
- Divided into modules identified by letters corresponding to a diagnostic category 被分成由字母标识的一些模块，每个模块对应一种诊断类别
- Each module must be asked about within the interview 面谈中必须询问每一个模块
- Follows decision tree using YES and NO answers 用"是"或"否"作答以建立诊断树

2. Guidelines 指南
   - Introduce the patient to the M.I.N.I., explain that it is very structured, and that you are seeking yes and no answers 对患者解释 M.I.N.I.，说明它是非常定式的问卷，及您需获得是或否的回答
   - Read questions in normal font exactly as they are written 以普通字体书写的问题必须准确如实地读给患者听
   - Sentences in **BOLD** print reflect the time frame for the question 以**粗体**书写的句子表示问题的时间范围
   - Sentences in CAPITAL LETTERS are not read aloud; they provide instructions for the interviewer 以"**大写字母**"书写的句子不应读给患者听。这些句子是为访谈员提供指导
   - Screening questions are enclosed in gray boxes and explore the main diagnostic criteria of the module 筛查问题被置于灰色框内，以便明确此模块的主要诊断标准
   - Answers with an arrow → above them indicate that the criteria is ***not*** met and that you can skip to the next diagnostic module 上面有个箭头(→)的回答表示其**不**符合诊断标准，您可以跳到下一个诊断模块
   - Explore or clarify each dimension before checking "yes" or "no" 在核对"是"或"否"之前明确或澄清每个方面
   - Sub-questions 追询问题

   b) If the screening questions are coded YES, proceed to the sub-questions 如果筛查问题被标记为是，则进入追询问题

   c) Sub-questions explore the detailed diagnostic criteria for each category 追询问题是为明确是否符合每个类别的详细诊断标准

   d) All questions must be asked and rated 所有问题都必须被询问并评估

   e) There are seven sub-questions (A-G) in the Major Depressive episode module that follow DSM-Ⅳ criteria guidelines 在符合 DSM-Ⅳ诊断指南的重性抑郁发作模块中有 7 个

追询问题(A-G)

- Meeting diagnostic criteria 符合诊断标准

f) Each diagnostic module is designed to assess specific criteria for DSM-Ⅳ diagnostic categories 每个诊断模块是用来评估 DSM-Ⅳ诊断类别的特定标准

g) Diagnostic YES/NO boxes follow at the end of each diagnostic module and must be checked "是/否"诊断框出现于每个诊断模块的末端且必须被核对

h) Some diagnostic modules ask additional questions when the diagnostic category criteria is met 有些诊断模块在符合诊断类别标准时尚要询问另外的问题

  * Example: Module A (Major Depressive episode) explores the presence or absence of melancholic features (A6,A7) 举例:模块 A(重性抑郁发作)是明确是否存在抑郁特征(A6,A7)

- Determining mixed episode for bipolar disorder 诊断双相障碍混合发作

—Diagnosis of Mixed Episode Subtype of Bipolar Disorder requires that the subject meets criteria for both manic episode and major depressive episode for ***at least a one-week period*** 双相障碍混合发作亚型的诊断要求患者同时符合躁狂发作和重性抑郁发作标准***有至少1周的时间***

—Screen questions for Major Depressive Episode reference ***a two-week timeframe*** 重性抑郁发作的筛查问题是指 ***2周的时间窗***

—If the subject's response to the screen questions is "No"; re-ask the questions with ***a one-week timeframe*** 若受试者对筛查问题的回答是"否",则再询问 ***1周时间窗***的问题

—If the subject responds "Yes"; continue the module referencing ***a one-week timeframe*** to establish presence of depressive symptoms 若患者回答"是",则继续询问模块中指向 ***1周时间窗***的问题以确定抑郁症状的存在

—***Document*** change in timeframe on M.I.N.I. ***记录***M.I.N.I.中时间窗的变化

—***Initial and date*** the documented change in timeframe 记录时间窗变化的***开始和日期***

—This will capture data necessary to determine diagnosis of mixed episode subtype 需获得必要资料以明确混合发作亚型的诊断

- Psychotic Disorder Module 精神病性障碍模块

—Ask for an example of each question answered positively 对于每个肯定回答要求举一个例子

  * Code **YES** only if the examples clearly show a distortion of thought or of perception, or if they are not culturally appropriate 只有在这些例子清楚表明存在思维破裂或概念紊乱、或与文化背景不相称时,才标记为**是**

  * Before coding, investigate whether delusions qualify as "BIZARRE" 在标记前,明确妄想是否符合是"怪异的"

—Delusions are "BIZARRE" if: 在以下情形下妄想是"怪异的"

  * Clearly implausible, 明确难以置信的

  * Absurd, 荒唐的

* Not understandable, and 非可以理喻的，且
* Cannot derive from ordinary life expericece 无法从日常生活经历中获得的

—Hallucinations are scored “BIZARRE” if: 在以下情形下幻觉被评为是“怪异的”

* A voice comments on the person's thoughts or behavior; or 评论他的思维或行为的声音，或
* When two or more voices are conversing with each other 当有 2 个或 2 个以上的声音在彼此交谈时

3. Administration 注意事项

- There is no time limit 无时间限制
- Ask as many questions as necessary to rate accurately 询问尽可能多的必需问题以便准确评定
- ALWAYS probe further when the patient provides insufficient information 当患者提供的信息不充分时应追问
- Probe enough to make an accurate DSM-Ⅳ diagnosis 充分询问以便作出准确的 DSM-Ⅳ诊断
- Probe further whenever the patient offers clues that suggest more significant symptomatology (e.g., inpatient hospital stay) 当患者提供的线索提示有更重要的症状(如曾住院)时均需追问

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